VR A15 (4)

15M 9/60

CERTIFICATION

MEDICAL

	DIVISION O	F STATISTICAL		LAND STATE						IMORE 1.	MAR	YLAND	
		10176		CERTIFIC		OF DEA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	172	2
	PLACE OF DEATH	20210			1	2. USUAL RES	SIDEN	CE (Where	deceesed li	ved, If Institution	on: Reside	nce before	edmission)
	a. COUNTY Fred	lerick		MARYLA	ND	e. STATE	Mary	rland	ь	. COUNTY	Fred	erick	
- 1		outside corporete limits,		c. LENGTH OF STAY I					orporete limi	ts, write RURAI			wn)
	write RURAL end	give neerest town)		years	3	1.		lerick			- 1		70000
	d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hospi	itel, give street address)		d. STREET AD	DRESS						RESIDENCE A FARM?
1	Monocacy H	all Nursing	Home				308	East	Third	Street		YES	NO X
	NAME OF DECEASED (Type or print)	First Mollie		May	Ake	Last		4. DATE OF DEAT		Month eptembe	De		61
5.	SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	7 B.	DATE OF BIRTH				yeers IF UND			R 24 HRS.
]	Female	55D 1 1	WIDOWED		Se	ptember	8,	1874	86	yrs. Month	ns Deys	Hours	Min.
		ON (Give kind of work king life, even if retired)	10b. KIN	D OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(Coun	nty & Stete,	or foreign c	ountry) 12.	CITIZEN	OF WHAT	COUNTRY?
	House wife	king the, even it telled)	Ne	one		Frederi	ick	Count	y, Ma	ryland	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN	NAME					
1	Samuel M.	Summers				Sarah A	lnn	Miche	als				
(Ya		R IN U.S. ARMED FORCE yas give war or detes of serv		7-10-0653		Milton I	E. A	dkers		Address E. Thi	rd S	t. Fr	ed. Md.
	18. CAUSE OF DE	EATH [Enter only one co	use per lin	e for (a), (b), and (c).]						-		TERVAL BE	
		WAS CAUSED BY:	Com	en M. Oan	1	RTERIUS	01	40.CI	4		C	NSET AND	DEATH
	450.1	MMEDIATE CAUSE (e)	GENE	RALIZED		RIERIUS	Chi	ero)1		N		10	162-
	Conditions, if eny,	which) (b)											
	gava rise to Immedie	ta ceuse											
	(e), steting the un cause lest.	derlying DUE TO											Giral (A
Z :	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONT	RIBUTING TO DEATH B	TON TU	RELATED TO THE	TERMIN	NAL DISEAS	E CONDITION	ON GIVEN IN F	ART 1(e)	19. WAS	AUTOPSY ORMED?
CATION	FRAC	TURED HI	0	BROWEHO	PAG	SINDMU						YES T	NO K
CERTIFIC			Ob. DESC	RIBE HOW INJURY OC				Part I or Par	t II of item 1	lB.)			
MEDICAL	20c. TIME OF INJUR Hour a.m.		2Dd, IN Whila	Not While		E OF INJURY (Hor y, street, office blo			City or town) ((County)		(State)
N	21. I certify th	at (I) (this hospita			from	214		1960 1	0.91	6 ,	1961	that (I)	(we) last
21. I certify that (I) (this hospital) attended the deceased from 2.5. 1969, to 7. 10. 10. 1966, that (I) saw the deceased alive on 9.6. 1969, and that death occurred at 3. M, from the causes and on the date state													
	220. SIGNATURE	10 1		7,111,		ATTENDING	-	MED.	STAF	F		22	b. DATE SIGNED
	Kihan	& C. Key	nole	els,	M.D	PHYS.	X	DIRECTOR	PHYS		-7-1	961	
	22c. PHYSICIAN'S NAME (Type)	Dr. Richard	1 C. 1	Reynolds	M.1	22d. ADDRÉS		Church	Stre	et Fre	deri	ck, M	d.

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial

9-9-1961 24 FUNERAL DIRECTOR'S SIGNATURE Robert E. Dailey & Son 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

(State)

Mount Olivet Cemetery ADDRESS

Frederick, Maryland 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 1 3 '61 Chrimy 2. Thanks

Frederick, Maryland DATE SEP 1 3 '61

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Parconey field through firms

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Suntal N. Bunning

Maryland

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Melita May Ateru September 7, 61

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Sentember 8, 1871 86

Mene Frederick Source, Largiani 1.5.1.

Series Ave Michelle

ALT-10-0593 Mr. Milton S. Milde 508 S. Miled St. Dred. Mil.

Substance of the Louis and entering

FRICTION APP STANDING TO MISSING

10-1-1-

Burtal S-9-1961 Mount Clives Ourstany Eredarick, Employed Robert E. Miller & Son Prederiok, Laryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10173

1. PLACE OF DEA	TH					nstitution: Residanca bafora admiss
99.	rederick	MARYL	AND a. STA	Marvla	b. COUNT	Frederick
	N (if outside corporata limit	s, c. LENGTH OF STAY	' IN 1b c. CITY		and the second s	RURAL and giva naarast town)
Braddock	and give nearest town)	l day	X	Runal.	- Frederick	
		not in hospital, giva streat addras	ss) d. STR	EET ADDRESS	- Frederick	e. IS RESIDEN
			1	-		ON A FAR
, NAME OF	a Convelescen			Route	DATE Month	YES NO
DECEASED	First	Middle	La	st 4.	OF	Day Yaar
(Typa or print)	Thomas		Anderson		Sept.	13 19 61
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF	JIRTH	9. AGE (In years lest birthday)	IF UNDER 1 YEAR IF UNDER 24 H
Male	White	WIDOWED TO DIVORCED		Li-1877	8 yrs.	Months Days Hours Min
	ATION (Giva kind of work	10b. KIND OF BUSINESS OR I			Stata, or foraign country)	12. CITIZEN OF WHAT COUNT
	working life, even if retirac		70			
3. FATHER'S NAME	i Farmer	Farming	Kent	ER'S MAIDEN NA	- Maryland	U.S.A.
			14. MOTH	EK'S MAIDEN NA	Mt	
William	n Anderson		Ma	ry Jane	Stephens	
. WAS DECEASED	EVER IN U.S. ARMED FORG	CES? 16. SOCIAL SECURITY NO	. 17. INFORMAN	IT	Address	
No No	(If yas give war or dates of se	212-21-3111	Donald 1	Andene	con-/ Con \ Mag	hington D C
	F DEATH lEnter only one	causa per lina for (a), (b), and (c).	DOMESTIC	. MINGLE	5011-(5011)-1148.	hington- D.C.
	ATH WAS CAUSED BY:	D-	14			ONSET AND DEATH
	IMMEDIATE CAUSE (a)_	sen	my			- Jus
4501	O DUE TO	0	1 .	1 +	1	
Conditions, if a	ny, which (b)_	sen	relized	arter	selvasió	5 40
gava risa to imm	DITE TO		0			
(a), stating the	underlying					
	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOP
						PERFORMED
						YES NO
	WAS UNDERLYING A	20b. DESCRIBE HOW INJURY O	CCURED. (Entar natur	a of injury in Parl	I or Part II of itam 18.)	
(IF EITHER, NOTI	IFY MEDICAL EXAMINER)					
20c. TIME OF IN	NJURY Month, Day, Yaa	r 20d. INJURY OCCURRED 1	20e. PLACE OF INJUI		20f. (City or town)	(County) (State
Hour a.m		White Not While at work at work	fectory, street, of	fice bldg., etc.)		
-			- 0		-7 /0 /3	
21. I certify	that (I) (this hospital	al) attended the deceased				, 19 6. , that (I) (we)
saw the dece	eased alive on	9-12-19.61, ar	nd that death oc	cured alo.:	Afrom the causes	and on the date stated abo
22a. SIGNATUR	RE					22b. DA
	N II	martan	M.D. PHYS.	IDING MED	CTOR PHYS.	9-14-61516
22c. PHYSICHAN	SHE	1 / work	M.D.	ADDRESS		
NAME (Ty	(ne)	rtin- M.D.	20	O N. Mar	ket StFred	onick- 16.
REMOVAL (Speci	ATION, 23b. DATE THER	23c. NAME OF CE	METERY OR CREMAT	OKT 2	23d. LOCATION (City, tow	vn or county) (State)
Burial	9-16-196	1 Mt. Oliv	et Cemeter	v	Frederick- M	aryland
4 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS		25a. REC'D	BY REGISTRAR 25b. REG	
Dailey's	Funeral Hom	e- Frederick-	Maryland	DATE SEP	15'61	nthur S. Thous

TO HO LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death light 4 may be retained by the hospital or attending physician.

S TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and composite filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept.

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-16-1961 H. Ollvot depter Prederick- Invitate

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FOR STATE

TO DIMENTALE EXAMINER: This certificate should be executed within 24 hours after death. If the delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it is feral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. Fife pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0174 10178

-	- 4	L • U					
	PLACE OF DEATH	FREDERIC	K	2. USUAL RESIDE		lived, If institution; Res	idence before edmission)
1-		if outside corporete limits,	maryland c. Length of Stay in 1b	c. CITY OR TOWN	(If outside corporete lin	nits, write RURAL end g	ive neerest town)
1	- REDI	elye neerest town)		BS BRU	NSWI	OK	
1/	OUNTY	TAL OR INSTITUTION (if not in .	hospitel, give street address)	d. STREET ADDRES	EAST	"D"	o. IS RESIDENCE ON A FARM? YES NOW
	NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey Yeer
5.	(Type or print)	FRANCIS	, W	BAKKER	DEATH	7 - 20 In yeers IF UNDER 1 YE	6 19 6 (AR IF UNDER 24 HRS.
1	MALE	6. COLOR OR RACE 7. MAR WIDO	Z =	5-21-		windey) Months De	The second secon
14	of Wall	ION (Give kind of work 10b rying life eyen 17 gard)	REPORTS PROPRINTED ST	RY 11. BIRTHPLACE (SIE	LAND	12. CIUZE	S, H. COUNTRY?
13.	FATHER'S NAME	A. BARI	KER	14. MOTHER'S MAIDE	IE D	UNN	
15.		fyes give year or dela of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT PS. MARGAI	RET BAR	Address VFR, B	UNSWICK
		H WAS CAUSED BY:	er line for (a), (b), and (c).]	000	00.00		INTERVAL BETWEEN ONSET AND DEATH
	307×	DUE TO	and Ceres	Trace 2	remoc		O Co
	Conditions, if eny	(-)	Alerian	Memer	2		2 days
	(e), steling the uncause lest,	> DHE TO					
CERTIFICATION	PART NOTHER		Christing to DEATH BUT N	ot related to the teri	MINAL DISEASE CONDIT	ION GIVEN IN PART 1	PERFORMED?
1	20e. EXTERNAL CAPRIMARY OF CO	INTRIBUTING	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in I	Pert I or Pert II of Item 1B)	
MEDICAL	20c. TIME OF INJU Hour e.m.	W		ACE OF INJURY (Home, for story, street, office bldg., e		n) (County	(Stete)
	7.70		emains described above, h		Inspection .		and in my opinion
	death resulted f	from: Natural causes	Accident [], Sui	cide, Homicid CHIEF MEDICA	le [, Undeterm	ined manner	
	ACTUAL SIGNATURE	BO Thor	nas	M.D. ASSISTANT M	EDICAL EXAMINER		PATE SIGNED
	EXAMINER'S NAME (Type)	B.O.TH	HOMAS		t, city, town, or county)		7/27/61
220	BURIAL, CREMATIC REMOVAL (Specify)		ARLINGTO	V NAT	FORT A	NER,	LITCINIA
23.	EUNERAL DIRECTO	A Don	ADDRESS	111	REC'D BY REGISTRAR	anthur S. Krau	
1	nel pe	we wron	13 0111/1	12 DOET	2 01	wind a. I chall	

31, 18 27 THE WEST 1992年 (新年) 建二基化等 (1992年 1992年 1992年 1993年 STATE THE W and the state of the state of the state of how to the death of the death CANARA CALA ATTICATED TO THE PROPERTY OF T THE THE STATE OF T

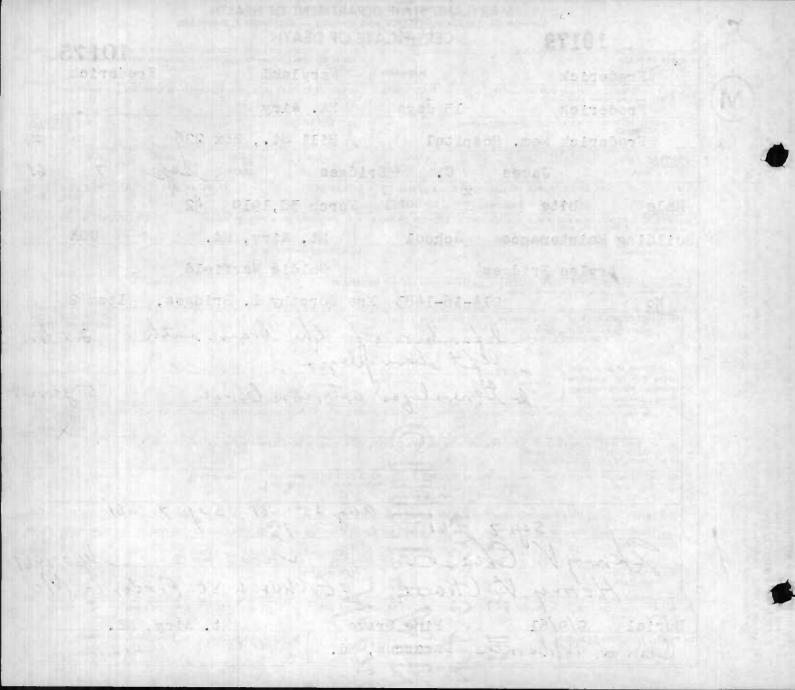
• OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 by the funeral directar, and 2 should be filed with TO HOSP, TO BE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be a bined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the Stote Baard of Health priar to burial, cremotian, ar remavol, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		10179		CERTII	FICAT	E OF DEA	ATH				0.01011	
1.	PLACE OF DEATH D. COUNTY Fred.	erick		MAR	YLAND	2. USUAL RESIDEN	land	ere deceased	lived. If institution b. COUN	tutian: Residence	erick	ision)
	RURAL and give ne	outside corporate limi arest town)	its, write	c. LENGTH OF STAY		c. CITY OR TOV			ote limits, writ	RURAL ond g	jive nearest to	wn)
	OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADD		. , Bo	x 226		ON	RESIDENCE I A FARM?
	NAME OF DECEASED (Type or print)	Jan		Middle C.		idg es		4. DATE OF DEATH	Se	Aonth b	Day 7	Year 1961
S. 5	Male	6. COLOR OR RACE	7. MARRI	NEVER MARR		March	30,	1919	9. AGE (In yes	rs IFUNDER Manths	Days Haur	
B	during most of wark uilding	ON (Give kind af wark ing life, even if retired Maintenar)	School	OR INDUSTI	Mt.	Air	cy, M	untry)	12. CITI2	USA	COUNTRY?
13.	FATHER'S NAME	rvlee Bri	dges					Warf	ield			
		R IN U. S. ARMED FOR If yes, give wor or dates of s	service)	4-16-148		ormant rs Doro	thy	L. B	ridges	ddress I	tem 2	
		mmediate (of of	farting ft bo	n o	of the legion	e d	brain	n mi	th	INTERVAL ONSET AN	Leors
FICATION		ER SIGNIFICANT CON				1957	86				PER	FORMED?
IL CERTI	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY (
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	While of work	Nat while of work	20e. PLAC	E OF INJURY (Hor rry, street, affice bl	me, farm, ldg., etc.	, i 20f. (City)	ar town)	(0	County)	(Stote)
21. I certify that (I) (this haspital) attended the deceased fram. Cury 35, 1961, ta 5 - 7 saw the deceased alive an 5 - 1961, and that death occurred at 5 M, from the causes and 22a. SIGNORE											that (1) date state	
	22c. PHYSICIAN'S NAME (Type)	lenry	V.	Chasi	м. <u>е</u>	22d. ADDRESS	hu	rector [st. f	rede	rick	Md
230	BURIAL, CREMATIO REMOVAL (Specify) BUPIAL	9/9/61	OF	23c. NAME OF CEA					TON (City, tov	cy Md		itote)
24.	FUNERAL DIRECTOR	S WESTURY Cless	mth	_ ADDRESS Damas	cus,	Md.	Sa. RECZ	REGIST	8AR 25b. R	EGISTRAR'S SIC		



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oy the funeral director, and 2 shauld be filed with

hours after death. Page 4

TO HOSPIFAL OR ATTENDING PHYSICIAN: The law requires that the actinities to execute may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		10180		CERTII	FICATE	OF DEA	TH						
1.	PLACE OF DEATH o. COUNTY	ederi ć k		MAR	YLAND 2	O. STATE	E (Where dec		ved. If instituti b. COUNTY		rede	rick	bn)
	b. CITY OR TOWN (IF	outside corporate lin	nits, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN			limits, write R		-		
	Frederic			9 Days	K				ral-R.I	44			
	d. NAME OF HOSPITA OR INSTITUTION Frederick	AL (If not in hospital, Memorial	give street odd	dress)		d. STREET ADDRE	ESS						DENCE FARM?
3.	NAME OF DECEASED		irst	Middle		Last	4. D/	ATE	Mon	oth	Day		eor
	(Type or print)	Che	ester	Wri	eht.	Brown	DE	ATH	Sept		22		961
5.	Male Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARR	ED B. C	PATE OF BIRTH	1. 190		AGE (In years lost birthdoy) 59 yrs.		Days		W 450
10	a. USUAL OCCUPATIO	N (Give kind of working life, even if retire	done 10b. KIN	ND OF BUSINESS				ign coun	try)	12. CIT	IZEN OF	WHATC	OUNTRY
	Farmer			erm Renta	1	Mar	yland					USA	1
13.	FATHER'S NAME				1	4. MOTHER'S MAI	DEN NAME						0.5
		Walter Br					Emma A	. Wr	-				
15. (Y	es, no. or unknown) (I	IN U. S. ARMED FO If yes, give war or dates of	service)	CIAL SECURITY NO					Add				
	No		21	-366846	Mrs.	Evelyn I	R. Bro	m-S	ame as	Item	#2		
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (the	for (a), (b), and (c)	ton c	1 the	m	we	wdi	um.	ONS	T AND	DEATH
	420,0 Conditions, if on		b da	te co	rona	n th	rond		in		1	od	a 4_
	gove rise to in couse (o), stoting t lying couse lost.	he under-	(c) ar	terio.	rele	otra 1	Hew	+ 2	Deres	ore	1	-yo	my
CERTIFICATION	PART II. OTH	er significant coi	NDITIONS CON	rellit	ATH BUT NO	of related to the	les les	SEASE CO	ONDITION GIV	EN IN PAR	T 1(o) 19	PERFOR	UTOPSY RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY C	OCCURRED. (I	Enter noture of inju	ry in Port I o	r Por 11	of item 18.)				5-1
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yo	ear 20d. INJU While of work	Not while of work		OF INJURY (Home , street, office bldg		(City or	town)	(1	County)		(Stote)
	21. I certify that	(I) (this haspita	al) attended	the deceased	fram.Sc	012	1961	ta S'a	P 26	196	L, the	at (I) (v	ve) last
	saw the decease	ed/alive an 5	CP 23	1961 and	that dea	th accurred at	830 M, fr	om the					
	220. SIGNATURE	Lenn	1/1	hase	M.D	ATTENDING PHYS.	MED. DIRECTOR	R 🗆 i	STAFF PHYS.		9	1/226	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Henry	V.	Chase	2	4E.	hur	24	5+ 1	Frede	vier	4,7	nd
23	REMOVAL (Specify)		OF 2	St. Paul					V (City, town, o	or county)	Va	(Stote	_
24	FUNERAL DIRECTOR'S		2702	ADDRESS	G CII		REC'D BY RI	-		STRAR'S SI			- ALVE
	M. R. Etch:	ison & Son	, Frede	erick, Ma	ryland			7 '61	77				
									المدا	thung g	The same		

burial,

MARYLAND STATE DEPARTMENT OF HEALTH

10187	CERTIFICA	TE OF DEATH		10177	
1. PLACE OF DEATH O. COUNTY FREDERICK	MARYLAND	o. STATE	here deceased lived. If instit b. COUN		imission)
b. CITY OR TOWN (If outside corporate limits, wind RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	l ·	outside corporate limits, write ettsville	e RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in hospitol, give stor in the control of the control	reet oddress)	d. STREET ADDRESS	7	0 6- 06-	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Middle ALICE	BROWN	4. DATE OF DEATH	Nonth Day	Yeor 196/
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH December 11,	1871 9. AGE (In year lost birthdo)	A	JNDER 24 H ours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	STRY 11. 8IRTHPLACE (Stote		12. CITIZEN OF WH		
13. FATHER'S NAME George Everhar	14. MOTHER'S MAIDEN Sarah R			-64	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		rs, Norman Fr		ddress on #2	
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cer line for (o), (b), and (c).]	ieu thro	mbosis		L BETWEEN

	OF DEATH [Enter only one country on the country of	Coronary thrombosis	INTERVAL BETWEEN ONSET AND DEATH
gove ris	ns, if ony, which e to immediate stating the underselost. (c)	Artenoselerotie Heart Desiase	10 410
CATION		OITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
E ZOO. ACCIL	EINT WAS UNDERLYING	DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Port 1 of Port 11 of Hell 18.)	

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (Stote) Doy, Year (County) foctory, street, office bldg., etc.) While Not while ot work ot work p. m. 21. I certify that (1) (this hospital) attended the deceased

that death occurred A. S.P.M., from the causes and an the date stated above. saw the deceased alive on 23 9/24/61 GNED 220. SIGNATURE

ATTENDING PHYS.

MED. 22d. ADDRESS

Lovettsville,

22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify)

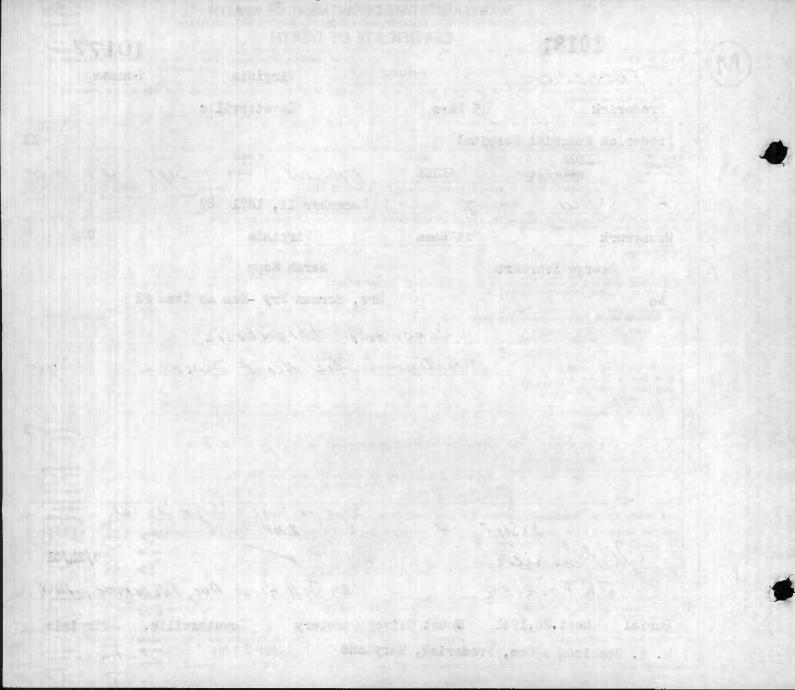
Sept.26,1961 Mount Olivet Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR
DATE SEP 2 7 '61

25b. REGISTRAR'S SIGNATURE 1. 11 ... 9 House

VR A15 (4) 15M 9/59

M. R. Etchison & Son, Frederick, Maryland



VR A15 (4) 15M 9/60 N.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10182 CERTIFICATE OF DEATH

1. PLACE OF DEATS	ł		2. USUAL RESIDEN	CE (Whara deceas		tution Risi le c	admission)
Fre	ederick	MARYLAND	e. STATE Ma:	ryland	b. COUNTY	Fre	derick
b. CITY OR TOWN (if outsida corporate limits, I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporeta	limits, write RU	IRAL and give n	nearest town)
Frederick		Days(5)	X Frede	erick-Rur	al-R.F.	D.#5	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Memorial Hospit	al	Braddocl	k			YES KINO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Dey	Yaar
(Type or print)	CHARLES	EDWARD	BRUCHEY	DEATH	Septem	ber 6	. 1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH				IF UNDER 24 HRS.
Male		WED DIVORCED	June 13, 1899			onths Deys	Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work 10b	. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cour	nty & Stete, or forei	gn country)	12. CITIZEN OF	WHAT COUNTRY?
Truck Far		Self Employed	Mary	Land		U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Howar	d B. Bruchey		Minnie	e R. Rick	etts		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? fyesgivewerordetesofservice)	16. SOCIAL SECURITY NO. 17.	INFORMANT	11 Tan	ey*Apts	• •	
Mes	WWL	214-42-1565 Mrs	. Helen Star	er, Fr	ederick	, Maryla	and
18. CAUSE OF I	EATH [Enter only one cause p	er line for (e), (b), end (c).]	1 . 1.	0			ERVAL BETWEEN SET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	orgestine /	east far	luge			Jays
420.0	DUE TO	0	1	- 0			0
Conditions, if eny	, which \ (b)	cute Coron	many the	mlos		5	-day
geve rise to immed	DIJE TO	- 0	, 1 //	1-			1
(a), steting the u	(cV)	brosche	tre Hear	A dis	ease	5	years
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(a) 15	WAS AUTOPSY
PART II. OTHE						Y	PERFORMED?
20e. ACCIDENT W		DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in	Part I or Part II of i	tam 18.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJU			ACE OF INJURY (Homa, fare		own)	(County)	(State)
Hour a.m.		hile Not While tac	101// 21/001/ 01/100 2/031/ 0/0		,		
21. I certify t	hat (I) (this hospital) att	ended the deceased from.	Feb 12	1957 to.	es 6	1961., 11	nat (I) (we) las
saw the deceas	sed alive on Sept 5		death occured 2:	25.AM, from th	e causes and	d on the da	ite stated above
22a. SIGNATUR	1		T				22b. DATE
1	lenon V. C	hose N			STAFF PHYS.	9/8	3/1961 SIGNE
22c. PHYSICIAN'S			22d. ADDRESS			1000	
NAME (Type	Henry V. Chas	e, M.D.	East hu	rch Stree	t,Frede	rick, Ma	aryLand
23a. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town	or county)	(Stata)
Burial (Specify)	Sept.9,1961	Mount Olivet	Cemeterv	Frederi	ck,	Mary.	Land
24 FUNERAL DIRECTO		ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGIST	TRAR'S SIGNAT	URE
M. R. Etcl	nison & Son, Fr	ederick, Maryla	nd DATE	SEP 11 '61	an	Thur S. th	aud.

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Son. P. 1901 Mayor Wasters Constant of Constant

H. S. Michlem & Con, troberick, sergiana

ol director, filed with PLACE OF DEATH 24 havrs ofter deoth. Page o. COUNTY REDERICK MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b pe RURAL and give nearest tawn) shauld REDERICK d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MONOCA DECEASED Fille Pages (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) usses lus puo 13. FATHER'S NAME physician car remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ottending pleose CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost buriol-tronsit cremotion, 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) certificote SO 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Doy, Year Haur a.m. While Not while at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram.... sow the deceased alive an 2 DIRECTOR: 22a. SIGNATURE pe 22c. PHYSICIAN 0 NAME (Type) 23a. BURIAL, CREMATION. 23b 23c. NAME OF CEMETERY OR CREMATORY FUN REMIDVAL (Specify) 10 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? East Lith St. YES NO NO 4. DATE last Manth Day Year DEATH 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) (County) foctory, street, office bldg., etc.) and that deoth occurred JUSAM, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR [22d. ADDRESS House Ave, FREDERICK, M& 23d. LOCATION (City, tawn, ac county) (Stote) 25b. REGISTRAR'S SIGNATURE 256 REC'D BY REGISTRAR

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DECEASED (Type or print) Name	
a. COUNTY B. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. STATE A THOT IS C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. STATE A THOT IS C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit own) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit of the R	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necestations) b. CITY OR TOWN (If outside corporate limits, write RURAL and give necestations) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necestations) d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane during most, af working life, even if relired) during most, af working life, even if relired) Tarry 11. MOTHER'S MAIDEN NAME C. W. SON S. W. AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate couse (a), stoling the underlying couse last. (c) Wash of the process of the couse of the underlying couse last. (c) Wash of the process of the couse of the underlying couse last. (c) Wash of the underlying couse last. (d) Wash of the underlying couse last. (e) Wash of the underlying couse last. (e) Wash of the underlying couse last. (c) Wash of the underlying couse last. (c) Wash of the underlying couse last. (d) Wash of the underlying couse last. (e) Wash of the underlying couse last. (e) Wash of the underlying couse last. (f) Wash of the underlying couse last. (g) Wash of the underlying couse last. (hash of the underlying couse last. (hash of the underlying couse last. (hash of the underlying	
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d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Fred erick Memorial Mosp 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane down in the country) 100. USUAL OCCUPATION (Give kind of work dane down in the country) 113. FATHER'S NAME C. WAS DECEASED EVER IN U. S. ARMED FORCES? 164. SOCIAL SECURITY NO. 175. INFORMANT 186. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. OR INSTITUTION Months Middle Last Who DATE AV SON S. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR last birthday) Months DUSTRET ADDRESS Month DUSTRET ADDRESS Month DATE OF DEATH S. DATE OF DEATH 115. WAS DATE OF DEATH INTO SON Address DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. C. DUE TO Conditions in the country of the countr	earest town)
OR INSTITUTION Frederick Nemorial Nosb 3. NAME OF DECEASED (Type or print) Charles Nemorial New Middle (Type or print) Charles Nemorial New Middle (Type or print) Charles New New Middle (Type or print) Nose New New New Middle (Type or print) Nose New New New New New New New New New Ne	e. IS RESIDENCE
3. NAME OF DECEASED (Type or print) (NAVES) (NAME OF DECEASED (Type or print) (NAVES) (NAV	ON A FARM? YES NO
(Type or print) (Type or print) (A Y E S (A Y SOM Y DEATH (A MOTHER'S MAIDEN NAME (A MOTHER'S MAIDEN NAM	Day Year
Marke White WIDOWED DIVORCED Cotate State of fareign country) 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired to during most of working life, even if retired to the farm 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired to the farm 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired to the farm of t	1961
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during most of working life, even if retired) (A	
13. FATHER'S NAME C: Wilbur Carson Sr. Maden Name 14. MOTHER'S MAIDEN NAME C: Wilbur Carson Sr. May Chick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions. if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO Conditions. If any, which gave rise to immediate cause (a), stating the underlying cause last.	OF WHAT COUNTRY?
C: Wilbur Carson Sr. May Chick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO Column Sr. May Chick Address Address Address DIVIDENTIFY Address Address DUE TO DUE TO Conditions. if any, which gave rise to immediate cause (a), stating the underlying cause last.	J. A.
(Yes, no, or unknown) (If yes, give wor or dotes of service) 212-38-9549M rs, Milbur Carson Jr. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c) Vival preumownia	
IB. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Column D	***
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute full moves of some ON Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Col Vival preumonia	Jefferson N
Conditions. if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) Ceute viral myocardites (c) Vival preumovira	TERVAL BETWEEN
Conditions. if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Ceute viral myseardites (c) Vival preumovira	5 yomin
gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Vival precumornia	2 1.
lying cause last. (c) light freumonica	+ ough
	2 days
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.)	19. WAS AUTOPSY PERFORMED?
1 = 20a, ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 ar Part 11 af item 18.)	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH	
	y) (State)
Hour a. m. While Not while factory, street, office bldg., etc.)	
Can & // Can C //	that (1) (we) last
saw the deceased alive an SEP 8 1961, and that death accurred at SPM, from the causes and an the date	.,,
22a. SIGNATURS	22b. DATE SIGNED
ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D 22c. PHYSICIAN'S 22d. ADDRESS	CP 9,196
22c. PHYSICIAN'S NAME (Type) Lie in The W. Charle U. Charle U.F. Church Ct Fredomi	ick Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
BREMOVAL (Specify) Sept. 11 1961 Mt. Olivet Cem. Frederick	Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 251. Continue 3. The	URE
Lucian K. Falconia New Marked Modate	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution a. COUNTY Page . STATE b. COUNTY files. Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporata limits, eral director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerast town) for your Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State 115-Record St YES NO Y Frederick Memorial Hospital death. 3. NAME OF 4. DATE Month Yaar ng' in pencil in Item 18. Give Pages 1, 2, and 3 to the strice clong with form PM3. Page 5 may be refait a buriel-transit permit. File pages 1 and 2 with the Stremoval, end in any event witt: DECEASED OF with the (Typa or print) DEATH Collison Chiswell Mary Sept.12-1961 19 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED W 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Hours Min. WIDOWED [DIVORCED Female White Feb.17-1886 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S House keeping --- Own home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Chiswell Susie Gott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkown) | (If yes give wer or detay of servica) Mrs Eleanor Burke.Frederick.Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock 3 days DUE TO removal, This certificate should Fractures days Conditions, if env. which (6) gava risa to immadiate cause "pending" w a DUE TO asing Kecute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as (e), stating the undarlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T While attempting to remove leaves from 20e. EXTERNAL CAUSE WAS age 3 short to burial, PRIMARY TO OF CONTRIBUTING IN to remove leaves from top of porch roof-EXAMINER: CAUSE OF DEATH. Fell about 15 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) Home 2 While Not While Braddock Heights, Fred, Co.Md et work et work 9 19 61 prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/12/61 DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas Frederick.Md NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) D REMOVAL (Specify)
Burial Beallsville, Maryland 9/14/61 Monocacy g40 ō 0 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Barnesville, Md FUNERAL DIRECTOR VS. A15ME DATE SEP 1 5 '61 5M 7/59 Outling & Know

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Frederick dregori de l'aderi c'e in a man with the mittel line of the court is included in Mary tellinon Chimall 1801-11.juel BB91-71.694 etlis simp? 7. U bankgrad more than --- the sold and 330 31.00 John Chiewell Mrs Miesner Aurice, Frederick, Nd dood 3 Hilays eyzo 8 Multiple Factures Braddock Helents, Fred. Lo. ad IN\SING Bright Ch, in L.O. Thomas Birtal S/14/81 Noncacy Boallarille, Fargland derne Jaco, an

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10187 CERTIFICATE OF DEATH 10183

A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re-	sidence before edmission)				
	. counifrederick MARYLAND	. STATE Mar yland b. COUNTY Car	roll /				
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)				
	write RURAL end give neerest town) Frederick 11/12/60	Union Bridge					
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE				
		0 6×	ON A FARM?				
	I.O.O.F Home 3. NAME OF First Middle	V V	YES NO				
i	DECEASED	Lasi 4. DATE Month OF DEATH	Dey Yeer 19 C7				
	5. SEX 6. COLOR OR MACE 7. MARRIED INTER MARRIED X 8	DATE OF BIRTH 9. AGE (In years I FUNDER)	EAR IF UNDER 24 HRS.				
		ov.23,1873 873 Months De	eys Hours Min.				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
	Practical nurse	Carroll Co., Md. U.	S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	William Crabbs	Annie M. Picking	1-24-3				
i	(Yes. no. or unkown) (If vestive werordetes of service)	NFORMANT Address					
	No 214-20-0625 I.	O.O.F. Home Records					
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	- Vi	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canain mania		ONSET AND DEATH				
		Right Breast	IO months				
	DUE TO						
	Conditions, if eny, which gove rise to immediate couse (b) Metastisis	to Lungs	IO Months				
	(a), steting the underlying DUE TO						
	cause lest. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?				
	CATI		YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO DEATH BUT NO COURSE TO COURSE T	, (Enter neture of injury in Pert I or Part II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (Count	y) (Stete)				
	Hour e.m. While Not While fact	tory, street, office bldg., etc.)					
Н							
	21. I certify that (I) (this hospital) attended the deceased from.	II/I2/60 ¹⁹ 10 9/24/6T, 19	, that (I) (we) last				
	saw the deceased alive on9/23/6119, and that						
	22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED				
	Bothomas M		3191450				
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	r				
	50 0 500	9/24/6	2				
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 25c. NAME OF CEMETERY	OR CREMATORY COT 1315 JOCATION (City, town or county)	(Stete)				
	REMOVAL (Specify)	Into Butto W.	A C				
	Burial 9/27/61 Mt. Union C	emetery Union Bridge Me	rvland —				
	May Harelles	OFR 2 7 104					
	C.O.Fuss'& Son Teneytown, M	larylandate SEP 2 7 61 Outling 2.	Track				

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Cornell Co., Me. C. C. L. S. J.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be refined by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be refined by the haspital physician and camplelely fill to by the funeral director, and a small be detached far use as the burial-transit permit. Then please remove carban papers. Pages and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

MARYLAND	STATE	DEPARTMENT	OF HE	ALTH-	BALTIMORE,	18

10188	CERTIFICA	ATE OF DEATH		lea-Dist. Nova	
1. PLACE OF DEATH O. COUNTY Fuderick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	town Life	c. CITY OR TOWN OF OU	tside corporate limits, write RUR	AL ond give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) MAURICE	DANIEL	CRUM	4. DATE Month Of DEATH Sept	Day Year 6 196/	
m w w	MARRIED NEVER MARRIED DIVORCED DIVORCED	aug. 7, 1899	lost birthday) A	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.	
100. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Farmer—Cattle dealer	oren business or indu	a maryla	ud	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	um	Ellen)	+. Etsler		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, not or shanown) III yes, give wor or dolse of servi	"217-32-5107h	Urs Grace P.	lacen tal	de RI, md.	
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Jeweralize	d carcinon	ua	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate (b)_	Caremona.	lange bower	l	about 1 yrs.	
cause (a), stating the under- lying cause last. DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDIT				PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRE				
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19		LACE OF INJURY (Home, form, octary, street, affice bldg., etc.)		(Caunty) (State)	
21. I certify that I attended the d		n accurred at 5230 F		that I last saw the deceased d on the date stated above.	
ACTUAL SIGNATURE Cruest (1)	Nathan	, M.D	DDRESS (Street, city ar town, sta	DATE SIGNED	
PHYSICIAN'S ERNEST	A-DETTBAR	N Wallen	sville May	low	
220. BURIAL, CREMATION, 226. DATE THEREOF BURGE 9961	22c. NAME OF CEMETERY C	unetory	M. Leberty)	our, my.	
23. FUNERAL DIRECTOR'S SIGNATURE	Valkersville,	and 240. REC'D DATE SI	FP 1 1 161	Jun S. Klaus	

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MAKT	LAND STATE DEPARTMENT OF	HEALIH
DIVISION OF STATISTICAL RESEAL	RCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
10189	CERTIFICATE OF DEATH	
6 4 6 4 75 4		10105

1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where decesse	d lived, If Institu	tion: Residence	ce before edmission
e. COUNTY	Fradenial	- 79	MARYLAND	e. STATE		b. COUNTY	Freder	iek
b. CITY OR TOWN (if	rrederic.		yland (If outside corporete					
	give neerest town)	-,	LENGTH OF STAY IN 16	11		mins, write ROR	the one give i	neorest town?
Frederi			Years		ederick			
d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in hospitel,	give street eddress)	d. STREET ADDRESS				o. IS RESIDENCE
Frederick	Memorial Ho	ospital		226 Carrol	l Parkway			YES NO
3. NAME OF	First		Middle	Lest	4. DATE	Month	Dey	Yeer
(Type or print)	JUL	TA	KEFAUVER	CULLER	OF DEATH S	ptember	22	. 19 61
5. SEX	6. COLOR OR RACE			. DATE OF BIRTH	la. AGI	(In yeers If Uh	DER 1 YEAR	IF UNDER 24 HRS.
					lest	birthdey) Mon		Hours Min.
Female	White	WIDOWED		December 19,		yrs.	1	
1De. USUAL OCCUPATION done during most of wor	ON (Give kind of work king life, even if retire	d) IDb. KIND C	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreig	n country) 12	2. CITIZEN O	F WHAT COUNTRY
Housework			At Home	M:	aryland	- 1	U	SA
13. FATHER'S NAME				14. MOTHER'S MAIDEN		- 12-11		
	Richard Ke:	fanne		T.a.	ura Toms			
15. WAS DECEASED EVE			AL SECURITY NO. 17. 1	NFORMANT		_Address		
(Yes, no, or unkown) (If	yes give weror detes of se	ervice)				East Ri		
No				s. Helen C. 1	Fox, Gross	e isle,		
	EATH [Enter only one	cause per line fo	r (e), (b), end (c).]	11 ,	- 0			SET AND DEATH
	MAS CAUSED 8Y:	Con	Restine	Veart !	Tarle	ne		3 mo.
4200	DUE TO	1		heart &	1	Z	1	
Conditions, if eny,	11.1.5	(A	to it	1 - 1 6	100.61	1/200	10	
gave rise to immedia	(-/	0,00	rencopa	virue y	encyn	nous	-	
(e), steting the un	DITE TO							
ceuse lest.) (c)_							
PART II, OTHER	SIGNIFICANT CONDIT	TONS CONTRIBU	JTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN	PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
6/	1 1						,	YES NO TO
PART II, OTHER 2Do. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	LINDERLYING TO I	20b. OFSCRIBE	HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of ite	m 18.1		
OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	2001 220011102	.,	, (2, , , , , , , , , , , , , , , , , ,				
	MEDICAL EXAMINER)							
/	RY Month, Day, Yee			CE OF INJURY (Home, far- ory, street, office bldg., etc		wn)	(County)	(Stete)
Hour e.m.	19	While et work	1401 1111110	_	1			
print.		nl) attended	the deceased from	Sept 1	106/ 10 8	1172	- 10 / /	hat (1) (wa) I-
		42.2.	196 and that	death occured at.	had from the	causes and	on the da	
22e. SIGNATURE	1. 1	7		ATTENDING PHYS.	MED. S1	AFF		22b. DATE
(1	(1. 7)	ans.	RM			iys. 🗌	9	7/25/61 SIGNE
22c. PHYSICIAN'S				22d. ADDRESS		100 101		9.
NAME (Type)	A. A. Pe	arre, M.	D•	East Chu	rch St., I	rederic	k, Mar	yland
23a. BURIAL, CREMATIC			. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or	county)	(Stete)
REMOVAL (Specify)	Sept .25		t. Luke's Co	meterv	Feagav	dille.	34	arvland
4 FUNERAL DIRECTOR			ADDRESS		C'D BY REGISTRAR			
		m			SEP 2 7 '61	Carl	47 8. Kra	ru A
M. R. Etch	ison & Son	, Freder	ick, Maryla	ACL DATE		Consu	" A. /UM	MA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death.

S = TO FULLIAL DIRECTOR: After this certificate has been signed by the attending physician and completed with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Heelth prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Person Wilter W. W. Courses IP. 1888 VR

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E. S. Robines & Son, Prederiok, Maryland | SEP 27 61, Cast. J. Ross

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician and completed filled in by the funeral of completed physician and completed filled in by the funeral confidence of completed for use as the burial-transit permit. Then pleaseTemove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10190 CERTIFICATE OF DEATH

- I								
7	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution Peside and one admission)						
A	Frederick MARYLAND	b. STATE Maryland b. COUNTY Frederick						
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
	write RURAL end give neerest town) Brunswick 51 vrs.	Samuel of						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel address)	d. STREET ADDRESS IS RESIDENCE						
	301 Mable Avenue	301 Maple Avenue						
W	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer						
	(Type or print) Mary Ellen Da	Ry SF DEATH 9 28 19 61						
	7. MARKED TEVER MARKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.						
	Female Waite widowed DIVORCED	9-20-1889 72 yrs. Months Deys Hours Min.						
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Housewife Home	Maryland U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Calvin Grove	Catherine Hankey						
	(Ves no ne unhave) Ofversive upon delegation)	NFORMANT Address						
	(Yes, never unkown) (If yes give war or deles of service)	Mr. Earnest Day, Brunswick, Maryland						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Uremia	ONSET AND DEATH 5 days						
1	581.0 DUE TO							
	Conditions, if eny, which \ (b) Congestive Head	rt Failure 1 vr						
	geve rise to immediate ceuse	1 y 1 o						
	(a), slating the underlying DUE TO Course lest. (c) Livercirrhosis	10 mg						
1		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO 🔀						
7	20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Part II of item 18.)						
	Hour a.m. While Not While fact	CE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (State)						
		Aug. 9 19.58 to Sept. 28, 19.6 Lihat (I) (we) last						
Ч	21. I certify that (I) (this hospital) attended the deceased from	- 13.30 M						
	2-1	death occured at						
	22a. SIGNATURE	ATTENDING MED STAFF SIGNED						
		.D. PHYS. \ DIRECTOR PHYS. \ Sept. 29, 196						
	22c. PHYSICIAN'S NAME (Type) O D D D D D D D D D D D D D D D D D D	22d. ADDRESS Gum Spring Hollow,						
	C.I. Dyron Rao, M.D.	Brunswick, Md.						
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 9-30-1961 Refermed	Knoxville Maryland						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
s I	Brunswick, Maryland	DATECT 2 '61 Cothus of thouse						
	of the lower							

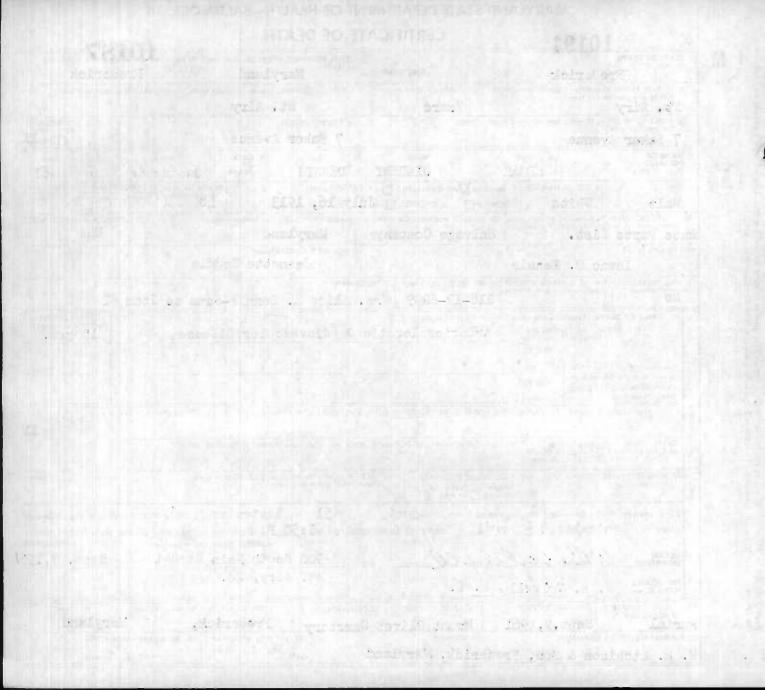
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

37	1	0191		CERTIF	ICA	TIE OF DEA	AIF	1		Reg. D	ist No		
	PLACE OF DEATH	ederick	BUT	MARYL	AND	2. USUAL RESIDENCE O. STATE		ere deceased	lived. If institution b. COUNTY		deri	e admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Town of the corporate limits, write RURAL and give nearest town) **Town of the corporate limits, write RURAL and give nearest town) **Town of the corporate limits, write RURAL and give nearest town)						. /		Airy	ote limits, write R	URAL ond	give nec	rest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7 Baker Avenue						d. STREET ADDR	ESS						IDENCE FARM?
	NAME OF DECEASED (Type or print)	EDC		Middle GILB	ERT	DENNIS		4. DATE OF DEATH	Mon Septer		Do		Yeor 1961
S. S	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED ED DIVORCED		B. DATE OF BIRTH July 16, 19	913		9. AGE (In years loss birthdoy) yrs.	Months	R 1 YEAR Doys	Hours	R 24 HRS Min.
10a Au	during most of work to Parts	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR alvage Compa		Mary:			ountry)	12. CI		WHAT C	OUNTRY
13.	FATHER'S NAME ISSE	ac G. Denni	Ls			14. MOTHER'S MAI		tte We	ddle				
15. (Yes		IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	18-12-6209		s. Alice E	. D	ennis-		Item	#2		
	PART I. DEAT 42 Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	nmediate ()	Arterioscler	oti	c Cardiove	ıscu	alar D	isease			o yr	
MEDICAL CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCC						'EN IN PA	RT 1(o) 1	9. WAS A PERFO	RMED?
MEDICAL O	20c. TIME OF INJURY Hour o. m. p. m.		While	NJURY OCCURRED 2 Not while	Oe. PLA foc	ACE OF INJURY (Home tory, street, office bld	e, form, g., etc.	20f. (City	or town)		(County)		(Stote
	ACTUAL SIGNATURE	tember 4	_, 19.6 elec	ed fram Augus 1 , and that c		accurred at 1:3	Sou	M, from	the causes an reet, city or town, in Street	d an th stote)	e date	stated	
-	BURIAL, CREMATION REMOVAL (Specify) Prial	Sept 9,19		22c. NAME OF CEMET				22d. LOCAT Freder		1	-	(Stot	e)
	FUNERAL DIRECTOR'S		Fred	ADDRESS erick, Mary	lan		SE	P 1 1 '6	1	strar's s			



FOR STATE HEALTH DEPT. TO DE TO MENDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a release is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the serial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as e buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10192 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11364

a. COUNTY Frederick		a. STATE	b. COUNTY Fred	sidence before admission)
b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limite weite DIDAL and	CI ICK
Rural Thurmont	Lifetime	Rural Thurmon		give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in i	nospital, give street eddress) th of Thurmor	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
n Mountains. 2 Mi. Nor	Middle	Last 4. DATE) Month	Dey Yeer
(Type or print) Mearl Wi	lliam Dewee	OF X	est 20	¥ 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		(In yeers IF UNDER 1 Y	
	WED DIVORCED T		yrs. Months De	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Carpenter For	Contractor		Co.Ma	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Morris W. Dewees		Hazel Hewitt		
(Yes, po. or unkown) (If yes give we ror dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes W.W.2	19-20-3285	Lana L.Dewees Thu	rmont R.D	.2 MD
1B. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	tranglation	By Hanging from tr	88	ONSET AND DEATH
974X DUE TO				
Conditions, if eny, which (b)	Suicide			
gave rise to immediate cause	Darcias			
(a), stating the underlying DUE TO				
(c)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
TY THE				YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CO	CRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of item	18.)	
ZOc. TIME OF INJURY Month, Dey, Yeer 200	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or to	own) (County	y) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20c. Hour a.m. Whom p.m. 19 ef w	(30)	tory, straet, office bldg., etc.)		
21. I certify that I took charge of the re	emains described above, he	eld an Autopsy, Inspection,	Inquiry,	and in my opinion
death resulted from: Natural causes	, Accident , Suic	ide, Homicide, Undete	rmined manner	
Pm1		CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	omas	M.D. ASSISTANT MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S D O TO	Dwofor to	DEPUTY MEDICAL EXAMINER		Oct.21 61
NAME (Type) D. U. TIOMS 228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	nal Blad great, city, town, or count	rederick	(State)
REBUT Pary Oct .23-1961			(City, town, or country) redk.Co.	Md (State)
23 FUNERAL DIRECTOR	ADDRESS Thurmon t	OCT 2 4 61	24b. REGISTRAR'S SIG	NATURE
aymond 6 orea	The state of the s	DATE		
1				

Balandical elaminers continue a la dichara Distance of the second STANSINI SISTEM Chemenas to Clack will B. entainmouted SEI . (2. Mr.) PROPERTY THE SERVE OF FREE Ting the contract of the property of the contract of the contr Passwall . W wirrow de 1.1.5 par montal des defendants descendents de 2.5.5 se sout series and your of the last moute Be to the converse of the 15.000 as . No including processions and and another owners of the 24 . ov. kbord Jato the . net small ens 1001-12. Jos Inited Concerned to the second of the

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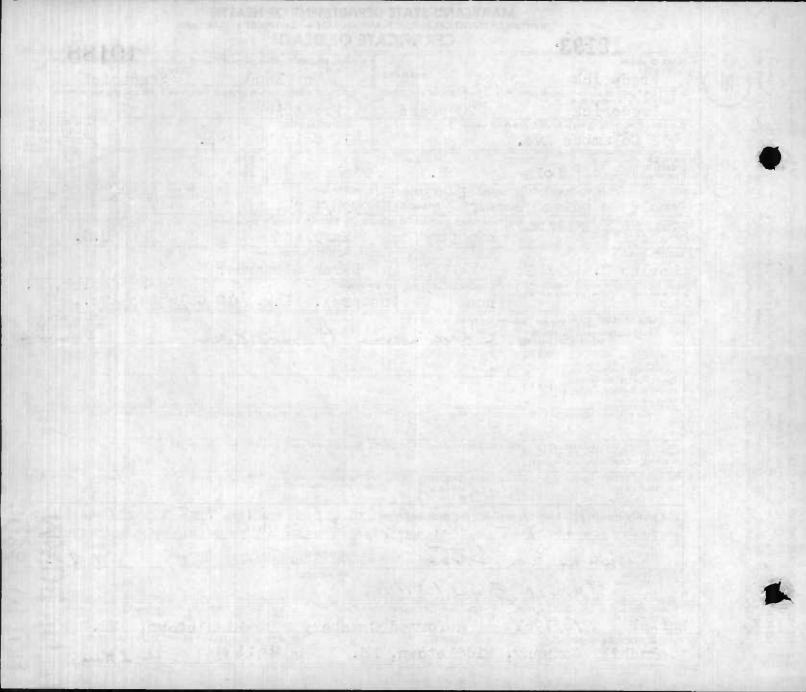
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEATH
0193	CERTIFICATE OF DEATH

2020					4	-11-1-1-1	
1. PLACE OF DEATH o. COUNTY Frederick		MARYLA	o. STATE	E (Where deceased live yland	b. COUNTY,	erick	sion)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	prote limits, write	c. LENGTH OF STAY IN	16 c. CITY OR TOWN	V (If outside corporate	limits, write RURAL on	d give nearest town	n)
Frederick		20 years	X Frede	rick			
d. NAME OF HOSPITAL (If not in h	AVE.	et oddress)	d. STREET ADDRE	ss umbus Ave			FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Month		Yeor
DECEASED -	ola	V.	Fink	OF DEATH	9	5	1957
S. SEX 6. COLOR O	,,,,,	RRIED . NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years IF UND st birthdoy) Month	S Doys Hours	ER 24 HRS.
female whit		WED DIVORCED [1	7 yrs.		
during most of working life, even	if retired)	own home	Maryla:	(State or foreign country	12.0	U.S.	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAII	DEN NAME			
Charles W. Bea	chley		Sarah A	lexander			
1S. WAS DECEASED EVER IN U. S. AR/ (Yes, no, or unknown) (If yes, give wor or	AED FORCES? 1	6. SOCIAL SECURITY NO.	17, INFORMANT			ederick	, Md
no		none	Foster F. F.	ink, 412	Columbus	Ave.,	
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSED IMMEDIATE OF THE PART IN THE PART OF	SED BY-	line for (o), (b), and (c).]	ma Pa	urea		INTERVAL BE ONSET AND	
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse last.	(b) DUE TO (c)						
PART II. OTHER SIGNIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE OTHER MEDICAL EXA	NT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CO	ndition given in P	PERFO	AUTOPSY DRMED?
	DEATH	escribe how injury occ	URRED. (Enter noture of inju	ry in Port I or Port II o	f item 18.)		
20c. TIME OF INJURY Month, (Hour o.m., p.m.	Whi		De. PLACE OF INJURY (Home foctory, street, office bldg		own)	(County)	(Stote)
21. I certify that (I) (this h saw the deceased alive o			om. Jaly (., 1954.to 9			d above.
220. SIGNATURE	٤,	Stone	M.D. ATTENDING PHYS.	MED. S	TAFF HYS.	7-7-	SIGNED
22c. PHYSICIAN'S NAME (Type)	ias E	5-578N	22d. ADDRESS				
230. BURIAL, CREMATION, 23b. DATE PUPILAL Specify) 9/8/	1961	23c. NAME OF CEMETE			(City, town, or count	y) (Stot	te)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	25a	. REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
Gladhill Com	ipany,	Middletown.	, Md. DAT	SEP 11 '61	Lithun	8 Harris	



VR A15 (4) 15M 9/59

2069302XVO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10189

10194	CERTIFICATE OF DEA	TH 1	10189		
1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND 2. USUAL BESIDENCE	Where deceased fived. If institution: Residue b. COUNTY FR	dence before odmission)		
b. CITY OR TOWN (If outside carporote limits, write RURAL and give neapest town) d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION)	ddress) d. STREET ADDRE	Moutside corporate limits, write RURAL or	e. IS RESIDENCE ON A FARM? YES NO 1		
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	Middle Lost AN E PROC ED NEVER MARRIED 8. DATE OF BIRTH D DIVORCED SEPT. 3 1 KIND OF BUSINESS OR INDUSTRY 19. 81RTHPLACE ((Stote or foreign country) (Stote or foreign country) (Stote or foreign country) (Stote or foreign country) (Stote or foreign country)	Day Yeor 19 6		
AMES MAXWELL A	RENUT MANE SOCIAL SECURITY NO. 17. INFORMANT MOTHER	Mas Mary Fr	THU D ENCH		
PART II. OTHER SIGNIFICANT CONDITIONS CO	Prematurety ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN I	INTERVAL 8ETWEEN ONSET AND DEATH PART 1(0) 19. WAS AUTOPSY PERFORMED?		
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED. (Enter nature of inju	e, farm, 20f. (City ar tawn)	YES NO (County) (Slate)		
20c. TIME OF INJURY Manth, Day, Year 20d. IN While of wark 21. I certify that (I) (this haspital) attended as we the deceased alive an9_3	1.1	9/11	the date stated above. 94 - SIGNED ALL, that (I) (we) last the date stated above. 92b. DATE SIGNED		
23a. 8URIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and Son, Factorian and Son, F		23d. LOCATION (City, tawn, ar county Frederick REC'D 8Y REGISTRAR 25b. REGISTRAR'S	Maryland SIGNATURE		

A Contract The contract Contra W. H. Bollison, and Son, Printed of Marylind

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10195 CERTIFICATE OF DEATH

10190

_	
	PLACE OF DEATH o. COUNTY C. USUAL RESIDENCE (White deceased lived. If institution: Residence before admission) o. STATE b. COUNTY F. C. D. C.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. 15 RESIDENCE ON A FARM?
2	FREDERICK MEMORIAL YES NOX
	NAME OF DECEASED (Type or print) Baby 9101 FRITZ DEATH 9 22 196
S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED 9-22-61 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Months Days Hours Min. Months Days Months
10o	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
13.	FOITT
15	KONACO IKITZ MISSNER
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S. no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)
_	Mother Thurmont Ma
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
	762,5 DUE TO
	Conditions, if ony, which) (b)
	gove rise to immediate DUE TO DUE TO DUE TO
	couse (o), stoting the under. DUE TO IVING COUSE lost. (c) MMATURITY 24-26w/c 1011110
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While at work of work of work of the
	21. I certify, that (1) (this haspital) attended the deceased fram. 9/22, 1961, ta 422, 1961, that (1) (we) last
	saw the deceased alive an 9/22 196/ and that death accurred atM, from the causes and an the date stated above.
	226. DATE 226. DATE
	M.D. ATTENDING MED. STAFF PHYS. STAFF
	22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Type) HARRY W. GRAY TREDERICK WAS
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Cremation 9/25/61 Frederick Memorial Hospital Frederick Md.
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	G. David Goingdall Frederick, Md. DATE OCT 2 '61 Civiling & House
2	069216XV0

NAME OF THE PERSON OF THE PERS Managara toward 144 5 117 AZD TELEVISION TO STATE OF THE Size Silling Straff Cakings I THEN THE WAT WAS TO AND and the bound of ALM SERVED STATE TO THE SERVED SOLVERS BUTTO Organism 9/25/91 Trestarted Mercental Talental Talental 1 188 popular 1 10. Traduction of the Committee of the Commi

TO HOS TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

S death.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 10 de 13 MEDICAL CERTIFICATION 23

1	DIVISION OF	STATISTICAL		AND RECOR	DS,	ARTMENT OF 301 W. PRESTON		A BALTIMORE	1, MARY	LAND	
		10196		CERTIFICA	VIE	OF DEATH			10	191	
Х.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Frederick c. LENGTH OF STAY IN 18 Frederick Since 8/29/6					a. STATE Mary	land	b. COUNT	fontgon	dence before edmission) Nery ve neerest town)	
-						d. STREET ADDRESS		ral R. D	• #L	a. IS RESIDENCE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address) Frederick Memorial Hospital						Kempto	wn / 5	X-	ON A FARM? YES NO	
3.	DECEASED (Type or print) FRANK			Middle ELVIN		GAYNOR	OF				
			WIDOWED [DIVORCED [date of Birth 4 July 1893		OO yrs.	Months Dey	's Hours Min.	
d	one during most of wor Retired Fa	king life, even if retire	1)	Tentant	NDUSTR	Rising Sur		foreign country)	USA	OF WHAT COUNTRY?	
13	Unknown					14. MOTHER'S MAIDEN Unknown	INAME				
15 (Y	NAS DECEASED EVE	R IN U.S. ARMED FOR yesgive werordetes of so	rvice)	-20-9764		NFORMANT S. Ruth V. Ga	aynor (Address Same as :	item #2	2)	
	PART I. DEATH	ete ceuse	atru	for (a), (b), and (c). I homory of the on	e ei	andred me	0	of infat	etin	Unknown	
CERTIFICATION	20e. ACCIDENT WA	SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				OT RELATED TO THE TERMI		CONDITION GIVE	N IN PART 1(e	19. WAS AUTOPSY PERFORMED? YES NO	
MEDICAL	20c. TIME OF INJUI Hour e.m.	RY Month, Day, Yes	r 20d. INJ While et work	URY OCCURRED 20 Not While at work		CE OF INJURY (Home, ferr ory, street, offica bldg., etc		y or town)	(County)	(Steta)	
	100	nat (I) (this hospit				death occured at	15 PM, from	the causes a	nd on the	22h DATE	
	22c. PHYSICIAN'S NAME (Type)	Nelson G	Goodma	n, M. D.	М		MED. DIRECTOR [ye., Free		Sept 1961	
23	BURIAL, CREMATIC REMOVAL (Specify) BUT 121	9-16-6		3c. NAME OF CEM Bethesda M		or CREMATORY		ingsville		(State)	
24	M. R. Etch	's SIGNATURE	Frede	ADDRESS rick, Md.			SEP 1 8	1 25b. REGI	STRAR'S SIG		

DATE SEP 1 8 '61

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The second secon deien CV Cocken, J. H. W. mill Coll House ave. - vedevice, d.

. . . tenison & son, properties, so.



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IO HONTIAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \pi \text{death}\$. With the standard by the hospital or attending physician.

\(\frac{\pi}{2} \pi \text{DINFICIAN} \text{ALL DIRECTOR:} \text{After this certificate has been signed by the attending physician and completed in the standard of the standard W

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1

IVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
10197	CERTIFICATE	OF DEATH	10192

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Frederick Years	// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	243 Washington Street YES NO X
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) FRANK LORENZO	GOODMAN DEATH September 7, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED X DIVORCED	July 13, 1883 78 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Mail Carrier U.S. Mail	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Goodman	Sarah Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordatesofservice) None Mrs	s. Hilda G. Dudash, Same as Item #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Anteroseles	chitis + pulmonny enghypen 5-10 y
507	The state of the s
DUE TO	Tite + millioners and tolor
Conditions, if eny, which geve rise to immediate cause	Sucres francisco de de la constante de la cons
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO X
	D. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20s. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at week at week	ctory, street, office bldg., etc.)
	2 - /- , 1958 to 9 - 7 - , 1961, that (i) (we) last
	at death occured 1:10M, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED STAFF
1x4 1 Marky	M.D. PHYS. DIRECTOR PHYS. 9/8/61
22c. PHYSICIAN'S NAME (Type) Door D Monthin M TO	North Market St., Frederick, Md.
Rex R. Wartin, M.D.	NOT OIL MATRES DOSTITEMENT MAS
NAME (Type) Rex R. Martin, M.D.	
230. SURIAL, CREMATION, 23b. DATE THEREOF PUTIAL Sept. 1961 Mount Olive	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23e. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Slete) **Tederick, Maryland** 25a. REC'P BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Are a " Proceeding Address of en tonephron the barrens - Dial Sto Araberta Dall Beatship carbott .T parrage Standard and Land Control of the Standard Standa arterescherces, generalized 1 years chronic burnetitto & judining sightyeng 5 10 yr 8-31 61 2-1-61 But the Martin destructed in the production of .Q. W. HE FEET .E KON . WE NO Production of the House of the dead of the House of the Hardward of the Hardwa 1. R. Rechings & Son, Freedrick, Maryland

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10198 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10193

	• COUNTY Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
A	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
£	Frederick	Brunswick
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
H	Medical Center	15 West "G" Street YES NO SE
	3. NAME OF First Middle DECEASED TRANSPORT	Lest 4. DATE Month Dey Yeer OF
	(Type or print) Earl Alwishes	Grove DEATH 9 11 1961
	7. MARKED TIREY R. MARKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Deys Hours Min.
1	land 1	10-12-1906 54 yrs. Months 50% 10015
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Brakeman B.&.O.R.R.Co(Railroad)	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н	John C. Grove	Bertha Shivers
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. E	NFORMANT Address
	(Yes, no, or unkown) (liyes give werordates of service)	es. Loretta Grove, Brunswick, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) OCULE COLONO	us artery Occusion, montrolic and death
	4201 DUE TO	de anno al accessor i in mine la re-
	geve rise to immediate couse	
Ñ	(e), steling the underlying DUE TO	
	cause last. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY
ì	FAKI II. OTTEK SIGNIFICATI CONDITIONS CONTINUO TO SENTINOST NO	PERFORMED?
	The Particular Calife Was I had been been now willing occioed in	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter natura of injury in Part I or Pert II of item 18.)
H		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. P.m. While Not While at work at work	pry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suici	
200		CHIEF MEDICAL EXAMINER
E	ACTUAL STATEMENT	ACCICTANT MEDICAL EVALUATION TO THE EXCEPTION
	SIGNATURE SOUPO YOU	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINE
	EXAMINER'S B.O. Thomas , Frederick, A	Address (Street, city, town, or county) 9/11/1961
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	REMOVAL (Spacify) Burial 9-15-1961 Referred	Knoxville, Maryland
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	The fale Brunswick, Maryland	DATESEP 1 3 '61

TO DIVILLA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a delay is necessary, please execute the certificate, writing the word "pending" in pending 18. Give Pages 1, 2, and 3 to it is heral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hobs after death. VS. A15ME 5M 7/59

THE ADM SECTION OF THE PROPERTY OF THE PROPERT Inc. L in the free terms and the second seco went the contraction

FOR STATE HEALTH DEP TO DEM IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If arrivals is necessary, please continued to the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the continued to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10199 Item 22 Film 6294	9/11	/61 ml	01 04		10		
1	BLACE OF DEATH	,,	e. STATE	NCE (Where decessed	lived, If instituti b. COUNTY	on: esd n	194	dmission)
ĸΚ		YLAND		ryland	b. CO0N11	Frede	erick	
ij	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TAY IN 16		(If outside corporete I	mits, write RURA			
1	Frederick-Rural-R.D.#2 Hour		Mt. Ai	ry -Rural-	R.D.#1			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ed	dress)	d. STREET ADDRES					ESIDENCE
	.2 Mile-South Frederick-Md.#355		/Plane #4				YES X	
M.	DECEASED		Last	4. DATE OF	Month	Dey	Yeer	
	(Type or print) ROBERT LEE		HAMILTON	DEATH	Septemb	er L	. 19	61
1 :	6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 18	. DATE OF BIRTH		(In years IF UNE		IF UNDER	24 HRS.
4	Male White WIDOWED DIVOR		arch 11, 19		yrs. Month	s Days	Hours	Min.
1	00. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	1 1 1 2 80			-	CITIZEN O	E WHAT C	OUNTRY?
1	done during most of working life, even if retired)		4				. ,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
1	Laborer Construction	on		ick Co., Me	ı.	USA		
1	A ◆		14. MOTHER'S MAIDE	NAME				
	Carl B. Hamilton			e Catherine	Rhodes			
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Yes, no, or unknown) (Ifyesgivewerordatesofservice)	NO. 17. 1	NFORMANT		Address		01.3	
1		Mr.	Carl R. Ha	milton-Same	e as Ite	m #2		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and						ERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Punctured A	anta	Due To Pull	att Warns			SET AND D	
	DUE TO)1 0d =	Due 10 Duri	ers would			Svalle	
П	Conditions, if eny, which (b)							
	geve rise to immediate cause							
L	(e), steting the underlying							
1,		TH BUT NO	T DEL ATEN TO THE TERM	AINIAL DISEASE CONDI	TION CIVEN IN	A DT 1(-) - 4	0 14/45 4	LITOREN
F	PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE		T KELATED TO THE TERM	MINAL DISEASE CONDI	IION GIVEN IN I	AKI I(e)		RMED?
1						1	ES A	NO [
CEDTIEICATION	206. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY CAUSE OF DEATH.	CCURED. (E	inter nature of Injury In F	ert I or Pert II of item 1	8.)			
13	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fe	orm, ; 20f. (City or toy	(n) (County)		(State)
MEDICAL	12 Hour a.m. Cont 1. 67 While Not While		ory, street, office bldg., e	tc.)				
13		Tave		Nr. Fred				
	21. I certify that I took charge of the remains described	above, he	ld an Autopsy XX	Inspection XX	Inquiry X	X and	in my o	pinion
	death resulted from: Natural causes, Accident	, Suici	ide, Homicide	e Undeterr	mined manner			
	1		CHIEF MEDICA	L EXAMINER				
	ACTUAL SIGNATURE SUSSIANURA		M.D. ASSISTANT MI	EDICAL EXAMINER		D	ATE SIG	NED
9	EXAMINER'S NAME (Type) B. O. Thomas, M.D.			AL EXAMINER K		9/4	/61	
2:	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF C	METERY OR		22d. LOCATION (ntry)	(State	9)
	Burial Sept. 7,1961 Union Cha	apel C	emetery	Frederic	k County		Mary	land
2	3. FUNERAL DIRECTOR ADDRESS		24e. R	EC'D BY REGISTRAR I				
	M. R. Etchison & Son, Frederick, Ma	rvlan	d DATE	EP 6 '61	arthur	8. Kraus		
1-								

\$83761 man a state of the Ar emails me and the same and the same and the same and of series il, 1910 | Sign all U. S. John 362 polis 22 ... no table sensa regotte. Principle of the Compact of the Sales of the el le de la colta del la colta de la colta del la colt 17/7/8 e e e e artal T. oct. V. Vil inter Smote Coretery "Treation County, June 1807 Co. E. E. Santasan C. S. Broderick, Mary and

TO HOSELTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and complemental size of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1020 CERTIFICATE OF DEATH

1.	PLACE OF DEATH	I			1.1	ESIDENC	E (Where deceased			one before Imis	sion)
	a. COUNTY Fr	ederick		MARYLAND	a. STATE	Mar	yland	b. COUNT	Y F	rederick	
	b. CITY OR TOWN (if outside corporate limi I give neerest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corporata l	imits, write	RURAL and giv	ve nearest town)	
I	rederick-	Rural-R.D.#	1	Years		Frede	rick-Rura	1-R.I	0.#1		
				spital, give street eddress)	d. STREET	ADDRESS				e. IS RESIDE	
	Mt. Pleasa	ant			Mt.	Plea	sant			YES NO	95
3.	NAME OF	First		Middle	Last	1	4. DATE	Month	D	y Year	
	(Type or print)	CHAR	LES	EDWARD	HOFFMAN		OF DEATH	Sept	ember	3, 19 63	
5.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH	1			IF UNDER 1 YEA	R IF UNDER 24	IRS.
A	fale	White	WIDOWE		July 24,	1904	57	yrs.	Months Days	Hours M	in.
10	a. USUAL OCCUPAT	ION (Give kind of work	10b. K	IND OF BUSINESS OR INDUST			& State, or loreign	n country)	12. CITIZEN	OF WHAT COUN	ITRY
de	Garage-Own	orking life, even if retire	d)	Same	Fr	ederi	ck County	.Md.	US	A	
13	FATHER'S NAME				14. MOTHER'S						
	CI	harles W. H	offma	n		Dess	ie M. For	7			
	. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	2020		Address			-
	es, no, or unkown) (I	fyesgive war or dates of s		17-32-5060 Mr	s. Beula	h M.	Hoffman-S	Same a	s Item	#1	
-		EATH [Enter only one	-	line for (a), (b), and (c).]	D DOULL	22 200			11	NTERVAL BETWEE	
	PART I. DEAT	H WAS CAUSED BY:		C ares		,	10.			ONSET AND DEAT	Н
	150	IMMEDIATE CAUSE (a)		c arer	noun	4	conn			1 year	
	73	DUE TO								O	
	Conditions, if any	1-1.									
	(a), stating the u	nderlying DUE TO									
	cause last.) (c)							The Barray	10 1445 41176	DCV
NOE	PART II. OTHER	R SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO TI	HE TERMINA	AL DISEASE COND	ITON GIVE	N IN PART I(e)	PERFORME	D?
3										YES NO	X
CERTIFICATION		AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCURE), (Enter neture of	injury in Pa	art I or Part II of ite	m 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Ye	er 2Dd. While		ACE OF INJURY (H			wn)	(County)	(Stat	a)
MED	Hour a.m.	19		rk at work							
	21. I certify t	hat (I) (this hospit	al) atten	ded the deceased from.	11-28	1	9.6.0 to 4.	-3	, 19.6.6	, that (I) (we)) las
		sed alive on	3-3	19.6/, and tha	death occur	7:F	.M, from the	causes a	and on the	date stated al	DOVE
	22a. SIGNATURE									22h D/	ATF
	2/	man (- 8	Three 1	ATTENDING	XX M		AFF YS.		9/5/61 51	SNEL
	22c. PHYSICIAN'S		-		22d. ADDI						
	NAME (Type)	T. E. Stor	ie, M.	D.	W. Th	ird S	treet, F	rederi	ick, Ma	ryland	
23	a. BURIAL, CREMAT	ION, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, tow	n or county)	(State)	
1	Burial (Specify)	Sept.6,1	.961	Mount Olivet	Cemeter	У	Freder	ick,		Maryland	
	FUNERAL DIRECTOR			ADDRESS			D BY REGISTRAR	25b. REG	ISTRAR'S SIGN	NATURE	
1	M. R. Etch	ison & Son.	Fred	lerick, Marylar	ıd	DATE	SEP 8 '61	(Cathun &	Kenus	
_										7.7.4.4.	

Complete L. Reference Programme

Carare-Luner Scale Street Country, No.

Charles V. Fellight

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I. Il. Stellson a lon, Procedor, Maryland ---

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	T.	1020		CERTIF	ICATI	OF DE	ATH			4.0	140	0
	1. PLACE	OF DEATH INTY Frederic	k	MARY		O. STATE	NCE (Where		If institution:	Residence be	J.S.	(A)
	b. CITY	OR TOWN (If outside AL and give nearest tow	corporate limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	N (If outsid	le corporate lin	nits, write RUR	AL ond give n	earest town)
	We	elkersv		40 yes		X Wa	alke	rsvile	20.			
	d. NAA OR I	AE OF HOSPITAL (IF not	in hospitol, give street	address)		d. STREET ADD	RESS					IDENCE FARM?
	3. NAME	OF	First	Middle		Last	4.	DATE OF	Month		Day	Yeor
	(Type o		DA E	LEANOR	F	touc		DEATH	ent.	2	3	1961
	S. SEX	6. COL	OR OR RACE 7. MARI	RIED NEVER MARRI	ED 8. I	DATE OF BIRTH		9. AG		UNDER 1 YEA	+	
	<u> </u>		WIDOW	ED DIVORCE	D 0	ugust	16.18	97 7	yrs.	Months Doys	Hours	Min.
	10a. USUA during	L OCCUPATION (Give	kind of work done 10b.	KIND OF BUSINESS O	R INDUSTR	11 BIRTHPLAC	E (State or fo	areign country)		12. CITIZEN	OF WHAT	OUNTRY?
	1 11	ouse wit	/	own hore	e	mar	usla	nd		145.	A.	489
	13. FATHER	R'S NAME	0 - 0	1.		14. MOTHER'S MA	ALDEN NAMI	E	2			
	8	Somuel	m. A	bune		Jaw	ra a	lban	gh			
	15. WAS D	DECEASED EVER IN U. S unknown)	. ARMED FORCES? 16. war or dates of service)	SOCIAL SECURITY NO	17. INFO	RMANT	·	1	Address		1	1
	71	0			m.	Elever	J. Ho.	uck,	Walk	exaril	Rent	md.
	18. C.	AUSE OF DEATH [Ente		ne for (o), (b), and (c).	1	1.11	1 /	1-			ITERVAL 8E	
		PART I. DEATH WAS	ATE CAUSE (o)	cutt non	10cer	Acad J	u/ar	clipa		ند	fren	ws
		420	DUE TO	4º 4	-f -	D. 1'	171		11 -	, ,	1610-61	al
		ditions, if ony, whice rise to immediat		lessortin	otic	cardio	unse	illen,	Wists	LAC	disto	
	couse	e (o), stoting the <u>under</u>										
		Couse lost.) (c)	CONTRIBUTING TO DE	A TALL DUTE NA	T DEL ATED TO T	IF TERLAIN IA	DISCASE COL	DITION CIVEN	101 DADT 1/ 1	Tio was	ALITORCY
	E E	PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	OI KELAIED IO II	4E I EKMINAL	DISEASE CON	DITION GIVEN	IN PART I(0)	PERFC	RMED?
)	200 A	ACCIDENT WAS UNDER	IVING TO 20h DES	CRIBE HOW INJURY O	CCUPPED /	Enter nature of in	sivey in Post	Lar Port II of i	tem 18)		YES [NO D
	OR CO	ONTRIBUTING CAUS	E OF DEATH	CRIBE HOW HAJORY O	CCORRED. (Emer notore of n	iquiy iii roii	Tur Fore IF or	rem vo.,			
		ME OF INJURY Month Hour o. m.	n, Doy, Year 20d. I While	NJURY OCCURRED		OF INJURY (Hor		10f. (City or tow	n)	(Count	у)	(Stote)
	MEC	p. m.	19 of wor									
	21. 1	certify that (1) (th	is hospital) attend	ded the deceased	from_1	uly	1957	1. to 190	7.23	1966	that (I) (we) last
	saw	the deceased aliv	e on Aust.	22 1961, and	that dea	th accurred o	4.36 PM.	from the c	ouses and	an the do	te stated	obave.
	22o. S	GIGNATURE	1100.	. 1		ATTENDING .	MED.	STA	EE	/		SIGNED
		fored	U. Allt	toxin	М.). PHYS.	DIRECT	TOR PHY	rs. 🗆	Augi	1-25	161
	22c. P	HYSICIAN'S NAME (Type) ERN	EST A. I	DETTBAR	W	22d. ADDRESS	alhe	usuri	lle,	med.		
			DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d	I. LOCATION	City, town, or	county)	(Sto	ie) /
	Bu	OVAL (Specify)	126/61	Glad	e Cer	netery		Unle	rsule	20.	m	d.
	24. FUNER	AL DIRECTOR'S SIGNA	TURE /	ADDRESS		//	So. REC'D 8Y			AR'S SIGNAT		
	1.7.	C. Barta	n Wall	Persville.)	ud. o	ATESEP 2	\$ '61	Chille	us S. The	MA	

THROLL A Committee of the Comm 2) Inches Miller Marine Historian I Truck Blooming Mr. Element Housel, Walterwille, Il

FOR STATE HEALTH DEPT.

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TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If strandelay is necessary, please tout the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the trial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with fife State Board of The Ith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours fifter death. VS. A15ME 5M 7/59

			MARY	LAND	STATE D	EPART	MENT OF	HEAL	тн .		
vision o	STATIST	TICAL R	ESEAR	CH AND	RECORDS	, 301 W.	PRESTON :	STREET	, BALTIMORE	1, MARYLAI	V
10	202	MED	ICAL	EXA/	WINER'S	CERT	IFICATE	OF	, BALTIMORE DEATH	1010	N.

D

10107

l.		PLACE OF DEATH			ICE (Where deceesed lived, If in		nce before edmission)		
		Frederick	MARYLAND	e. STATE	b. COUNT	_			
1		b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN	Freder: (If outside corporete limits, write		neerest town)		
		Thurmont R.F.D.2	Life	V Mb	כת הדת				
		d. NAME OF HOSPITAL OR INSTITUTION (if no		X Thurmont			. IS RESIDENCE		
9		Frederick Memorial H					ON A FARM? YES NO		
1		NAME OF First DECEASED	Middle	Last	4. DATE Month	De	y Yeer		
)		(Type or print) Goldie	Marie	Hurley	DEATH Septem	ber I	5 19 6I		
	5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X B	. DATE OF BIRTH	9. AGE (In years last birthdey)		-		
			had had		1919 42 yrs.	Months Deys	Hours Min.		
	10a.	. USUAL OCCUPATION (Give kind of work ne during most of working life, even If retlied)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
		Domestic	Cahhery	Frederick	Co.	U.S.	1.		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	F	Elmer Hurley		Maude Gree	en				
		WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give we ror detes of servi		NFORMANT	Address				
	110	No		eroy Toms.	Churmont R.F.D	.2			
	1	18. CAUSE OF DEATH [Enter only one can		1	1 2	11	TERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Leute Congestion	e Heart's	tailure	C	NSET AND DEATH		
		443 X DUE TO	11	11 .		4			
		Conditions, if any, which (b)	Hamondensive	Ideant 17	islase.		Chs-		
		(e), steting the underlying DUE TO					O		
	(6)								
)	Sxteme Obest Ca 260#-5'4"								
	5	2 Millione O		YES NO					
	CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURED. (I	enter neture of injury in re	n for ren il of item is.)				
	Y.	20c. TIME OF INJURY Month, Dey, Yeer		CE OF INJURY (Home, far		(County)	(State)		
	MEDICAL	Hour e.m.	While Not While fect	ory, street, office bldg., etc	c.)				
		21. I certify that I took charge of t	he remains described above, he	ld an Autopsy .	Inspection x, Inquiry	K, an	d in my opinion		
		death resulted from: Natural cause	es X, Accident , Suic	ide , Homicide	, Undetermined ma	anner 🗌			
				CHIEF MEDICAL	EXAMINER				
1		ACTUAL 1	10	ASSISTANT MED	DICAL EXAMINER		DATE SIGNED		
6		SIGNATURE	w war	M.D. ASSISTANT MEDICA					
		NAME (Type) B.O. Thomas	.M.D.		city, town, or county)	ptember	19,196		
	22e.	. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town,	or country)	(State)		
	B	Burial 9-19-61	Mt. Bethel	Cem.	Garfield	Fred.	Co. Md.		
	28	PUNERAL DIRECTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 246. REGIS	STRAR'S SIGNA	TURE		
6	Ja	ymond & Orea	gurmont,	Md. DATE	20'61	In I the	ork.		
1	1		1						

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence Defore PLACE OF DEATH edmission) e. COUNTY director. Page necessary, Health files. MARYLAND c. CITY OR TOWN (If putside corporate limits, write RURAL and give pearest lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Day DECEASED OF (Type or print) DEATH 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page during most of working life, even if retired) FATHER'S NAME 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or deles of service) in Item 1 Office along with burial-fransit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), i INTERVAL BETWEEN and IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? the word сгета NO F Medical pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part || of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. buri 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) the Chie 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, streat, office bldg., atc.), While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📝 Inquiry X and in my opinion 0 should be forwarded i death resulted from: Accident X Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) pinous Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Spacify) 40 6 Burial Gate of Heaven Silver Spring 0 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Damascus. 5M 7/59 DATE arthur S. Kraus

24. 少年,李皇山 14. 56 KL and the same of the same E BUTHORN MONEY HE - LANGE BOOK-SENTER All Strings and the string of the string of the string of the AL ACCOUNT OF THE PARTY OF THE

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filled in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 3e 4 may be retained by the hospital or attending physician.

O FU RAL DIRECTOR: After this certificate has been signed by the attending physician and compy, filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept OF AN ALE OF THE SECTION OF THE SECT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10204 CERTIFICATE OF DEATH

				1-1-1-00
1. PLACE OF DEATH 6. COUNTY			E (Where deceesed lived, If institution	Residence before admission)
Frederick	MARYLAND	e. STATE	vland b. COUNTY	rederick
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		outside corporete limits, write RURAL e	
Frederick	Davs	Fr.	ederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital		the state of the s	Patrick Street	YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) FREDERIC		KOTTMYER	DEATH September	
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF UNDER	
Male White WIDOWE	D DIVORCED A	pril 16, 188		Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work	IND OF BUSINESS OR INDUSTR			ITIZEN OF WHAT COUNTRY?
Molder done during most of working life, even if retired) Iron	n & Steel Co.	Germany		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Henry John Kottmy	TAN	Whileme	na Louise(Last Nam	e IInknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT	Address	o dingionity
(Yes, no, or unkown) (If yes give we ror detes of service)	1-10-31:00 Mrs	. Mildred L.	Kottmyer-Same as	Ttem #2
18. CAUSE OF DEATH [Enter only one ceuse per l		. MILLOI CO D.	noo only of -bane ab	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY,		h. saleco		ONSET AND DEATH
2 3 / VIMMEDIATE CAUSE (6)	runs you	novines	•	
DUE TO	Clataina	Morrhage		12 days
Conditions, if any, which geve rise to immediate cause	mercop	rensis		-
(a), steting the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. While P.m. 19 et wor	Not While fact	CE OF INJURY (Home, farm ory, street, office bldg., etc.)		ounty) (Stefe)
21. I certify that (I) (this hospital) attended as the deceased alive on				6. f, that (I) (we) last
22e. SIGNATURE		dealli occured en.	.s.m, from the causes and on	22b. DATE
126. SIGNATURE / (1 Pop	770 M	DUDYE NO DI	STAFF	9/8/1961
22c. PHYSICIAN'S NAME (Type) A. A. Pearre, 1		22d. ADDRESS	h Street, Frederic	k, Maryland
23a, BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
Burial Specify Sept. 9,1961	Mount Olivet	Cemetery	Frederick,	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Free	ADDRESS derick, Marylan	ad 25a. REC	B BY REGISTRAR 25b. REGISTRAR	
		PAIL		

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Date - Thirty - The transfer of the state of

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Andreas Sept. 9, 1941 Mount Office and the freshirt fire of the contract of th

E. S. Montoun & Son, Frederick, Marginne

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10000

1	a. COUNTY		MARYLAND	2. USUAL RESID	ENCE (Where deceased	b. COUNTY	in: Reside ce before	admission)
/	b. CITY OR TOWN (If autside carporate I RURAL and give nearest town)	limits, write c. LENG	STH OF STAY IN 16		OWN (If autside carpore	ate limits, write RU	JRAL and give near	est tawn)
	d. NAME OF HOSPITAL (If not in haspita	I, give street address)		d. STREET AD	DDRESS			. IS RESIDENCE
3	Frederick Memorial	Hospital		402 Ea	st 8th St.	, P.O.B	ox 681	ON A FARM?
	3. NAME OF DECEASED (Type or print) Mr. David	First d I	Middle	atham Lost	4. DATE OF DEATH	Mani 9	th Day	
		CE 7. MARRIED N		8. DATE OF BIRTH		last birthday)	IF UNDER 1 YEAR I	Haurs Min.
	Male White	WIDOWED	DIVORCED			Of yrs.		
	10a. USUAL OCCUPATION (Give kind af wa during most af warking life, even if reti	red)	rove Lime			untry)	U.S.A	• WHAT COUNTRY?
	13. FATHER'S NAME			14. MOTHER'S				
	UNKNOWN			UN	KNOWA	/		
	15. WAS DECEASED EVER IN U. S. ARMED F		SECURITY NO. 17. II	NFORMANT		Addr	ess	
	(if yes, give wor or odies	212-03	3-6473 U	NENG	WN			
	1B. CAUSE OF DEATH [Enter only one	cause per line far (a),	, (b), and (c).]		,		INTER	RVAL BETWEEN
	PART I. DEATH WAS CAUSED B		bral 7	hrome	21200		ONSE	2 4 hrs
	DUE							
	Canditians, if any, which)	1 Benio	n Pros	tatic	Hyperti	ralahi	1	OVES
	gave rise to immediate Couse (a), stating the under-		, ,		1			
	lying cause last.	(c) Bladd	er div	ertico	lum; 0	vemi:	2	11 "
	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIV		. WAS AUTOPSY PERFORMED? YES NO
9	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HO	W INJURY OCCURRE	D (Enter nature of	injury in Part I ar Part	II of item 18.)		TES NO
		TH						
	20c. TIME OF INJURY Manth, Day, Haur a. m. p. m.	13/11	- fo	ACE OF INJURY (Hoctary, street, affice	lame, farm, 20f. (City	ar tawn)	(Caunty)	(State)
Ì	p. m. 1	at wark at v	t while wark					
	21. I certify that (!) (this hospi	tal) attended the	deceased fram	9-18	- 126/ ta_	9-26	- 196 (tha	it (I) (we) -last
	saw the deceased alive an 9				at 32 M, from t	he causes and	d an the date	stated abave.
	22a. SIGNATURE	1	0	ATTENIDING	HED	CTARE		22b. DATE
ì	Robert D.	Crowc	h	M.D. ATTENDING	4_3	STAFF PHYS.	9-	26-61
	22c. PHYSICIAN'S NOME (Type)	CROVER	+	8 0 G	11 //	use Ave	e, Fred	erick m
	23a. BURIAL, CREMATION, 23b. DATE THE		AME OF CEMETERY O	P CPEMATORY		ON (City, tawn, o		
	REMOVAL (Specify) 4/26	161	AME OF CEMETERS C	/*			V, N.	(State)
	24. FUNERAL DIRECTOR'S SIGNATURE	Q AS	DRESS		25a. REC'D BY REGISTE	RAR 25b. REGIS	STRAR'S SIGNATURE	E
	M. K. Elcheson 1	An Fr	eferick.	mer	DATE SEP 2 9 1	51 C	-thur S. Kras	A.

Regarding To all tymes and the same of The base the man day at the sense and the sense The Delina Lileans America A CONTRACT OF THE PARTY OF THE Control of the letter of the l Controlled to the state of the 14 14 20 2 14 15 CANDWAN 212-35-3173 CHECAN WAY ELL The decide The section in TENER TO SET A SET A POST OF THE PROPERTY OF Bladded distribution of Charles Stormer S. John Sac In Property Control of the Contr N

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10206 10201

Frederick	MARYLAND	a. STATE Mar	yland	b. COUN			nission)	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Frederick	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) // Frederick						
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				e. IS RESI	DENCE	
Frederick Memorial Hospi		28 East	Third S	Street		YES T	FARM?	
3. NAME OF First DECEASED (Type or print) GRACE	WORMAN	LEBHERZ	4. DATE OF DEATH	Septe		Yeer 196	1	
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 2		
		pril 18, 189	3	last birthdey) yrs.	Months Days	Hours	Min.	
done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun		foreign country)	12. CITIZEN C	F WHAT CO	UNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
Charles Worman			Emma Ka	ate Houc	k			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyas give were dates of service) NO 18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:	None Mr	s. Margaret	L. Wors	ster, Fr	INI	rd Str Maryl. FERVAL BETW ISET AND DE	and	
Conditions, if eny, which geve rise to immediate ceuse (a), steling the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIV		9. WAS AUT PERFORA YES NO	MED?	
20c. TIME OF INJURY Month, Day, Year W		CE OF INJURY (Home, fern	n, † 20f. (Cily		(County)	(St	tate)	
21. I certify that (I) (this hospital) at saw the deceased alive on	01-14	death occured 3:3	CA	-		ate stated a	above.	
22c. PHYSICIAN'S NAME (Typa) J. B. Thomas 23a. BURIAL, CAMATION, 23b. DATE THEREOF		22d. ADDRESS Profession OR CREMATORY		Frede		ryland (Sield		
Burial Sept. 9,1961				derick,		yland		
M. R. Etchison & Son, Fr	ederick, Marylan		P 1 1 '61		SISTRAR'S SIGNA	4.77		

1 x 4 11350 The Committee of the Co English and the second of the The state of the 3:35 7 717 6 Received and the Property of t enricht Jacques, 1961 Nount Galyes Decosory - Fredericht. Del. C. Joseph Jacques de La men N. H. Renklaon & Gon, Frederick, Maryland . . . WE'T Mr.

filled in by the funeral Pages 1 and 2 should boxs, after death. within 24 hours after TO HOFZITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. The 4 may be retained by the hospital or attending physician.

YOUNGAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages.

Be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing 2 ho

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MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10202

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	lence before admission
e. COUNTY Frederick	a. STATE b. COUNTY	1. 1
MARILAND	Ma file	unco
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporete limits, write RURAL and give	ve neerest town)
Rural Smithsburg II yrs	Rural Smithsburg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
Own Home		ON A FARM?
Own nome	Smithsburg R.D. I.	YES X NO
3. NAME OF First Middle		ey Yaar
(Type or print) ANN MAY	LINTON OF Sept. 27.1	96I ₁₉
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED DIVORCED	July 24. 1877 By hirthdey Months Dey	s Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
dope during most of working life, even if refired) Housewife Home	Md U.S	.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Columbus Tracey	Mary Manahan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyasgivewarordatesofservice) NO Do	onald Toms Thurmont. R.I) . MD
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: L'ORON ARY THRO	MM 0518	12 GR
420,0 DUE TO h 1	1 21-12 3-1-1	it albs
Conditions, if any, which > (b) ARTERIOSUSED	Stic HEART DIFFASS	13 4123
geva risa to immadiete ceuse		
(e), steting the underlying DUE TO	12486 48 140 6811	
couse lest. (c) 1 7 7 6 1 2 1 2 6	471610761616	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NISSASE	YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter neture of injury in Part I or Part II of item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour a.m.	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Little	, that (I) (we) last
saw the deceased alive on J. J. 1941, and the	at death occured at. 2.2 M, from the causes and on the	date stated above.
220. SIGNATURE ()		22b. DATE
H M P	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7	SIGNED
Color III Color Color	m.b	1/2//6/
22c. PHYSICIAN'S NAME (Type) R. R. T. and i sohel	22d. ADDRESS	
NAME (Type) E. R./Lardizabel	Smithsburg MD	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	Methodist Cem.Garfield Fredk	. a Md
A TOTAL MOTEURET		. 00
24 TONERAL DIRECTOR'S SIGNATURE (TOP ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
Haymond E. Creager Ju Thurmon		
7/1000	Cather & 1	Cracket

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TO HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10208 CERTIFICATE OF DEATH 10203

1. PLACE OF DEATH a. COUNTY				ICE (Where deceased lived,		nce before admission)				
	ederick	MARYLAND	e. STATE Ma	ryland b. cou	Frede	rick				
b. CITY OR TOWN (if write RURAL and g	outsida corporete limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporete limits, wr	ite RURAL end give	nearest town)				
Frederick	iro noo.osi lowny	2 Months	II Frede	rick						
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
	emorial Hospi			eet (Hillside		YES NO X				
3. NAME OF DECEASED (Type or print)	First ETHEL	EILEEN ^{Middle} SHANK	LINTON	4. DATE Mor		19 6 1				
5. SEX	6. COLOR OR RACE 7. MAR	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	S IF UNDER 1 YEAR					
Female	2072 4 4	WED DIVORCED	November 2.	1926 3last birthdey	Months Days	Hours Min.				
10e. USUAL OCCUPATION done during most of work Pressing		Laundry		nty & Stete, or foreign country		USA.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Walte	r K. Shank		Evely	m M. Collins						
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55	74.4				
No No	resgive war or detes of service)	211-28-5823 M	. Glen L. Li	nton-Same as	Item #2					
18. CAUSE OF DE	ATH [Entar only one care	er rine for (e), (b), and (c).]	4-		IN	TERVAL BETWEEN				
	WAS CAUSED BY:	udar weed and	3 C.		0	SET AND DEATH				
1517	171V DUFTO									
Conditions, if any,		artin man	of cerrix			Zyrc				
gava rise to immediate	te cause	T THE STATE OF THE	of moiv			1.>				
(a), steting the unc										
ceuse lest.	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY				
Non Non	JOHN CONDITIONS	SOLITION TO SEATH SOLITION	OT KEETTED TO THE TERM			PERFORMED?				
PART II. OTHER : No. 200. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Entar neture of injury In	Pert I or Pert II of item 1B.)						
TOO. TIME OF INJUR			ACE OF INJURY (Home, fer		(County)	(State)				
20c. TIME OF INJUR Hour a.m.		hile Not While ter	ctory, street, office bldg., etc	:-) ;						
		tended the deceased from	A. IST	1961, to Sein	9 1061	that (1) (we) las				
21. I certify in	d alive on	815 19.61, and tha	t doub occured 3:2	OPM from the cause	s and on the	date stated above				
22e. SIGNATURA	d alive oil	C and ma		.a.a.m, II offi file cause	s and on me c	22b, DATE				
(Ze	of how	long.	W.D. PHYS.	MED. STAFF DIRECTOR PHYS.	9/	11/61 SIGNED				
22c. PHYSICIAN'S NAME (Typa)	R.L. Michels.	M.D.	22d. ADDRESS Frederick	Shopping Cen	ter,Frede	rick, Md.				
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	lown or county)	(State)				
REMOVAL (Specify) Burial	Sept.12,196	1 Church of Br	ethren Cem.	Frederick	Co.,	Maryland				
24 FUNERAL DIRECTOR'S		ADDRESS	25e. RE	C'D BY REGISTRAR 256. F	REGISTRAR'S, SIGN	TURE				
		ederick, Maryla	nd DATE	13 '61 Ch	thur S. Hrand					
			1 Price							

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M. M. Abolikon & Son, Frecorisk, Maryland Sie : of College College

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				SION OF			ND RECORDS		ORE 1, MA	RYLAND			
			10209		CEI	RIIFICA	TE OF D	EAIH			102	04	
	1. [PLACE OF DEATH	EDERICK			MARYLAND	2. USUAL RESI	DENCE (Who	re deceased liv	b. COUNTY	CARR	before odm	nission)
	ı	b. CITY OR TOWN	(If outside corporate lin	nits, write	c. LENGTH O	F STAY IN 16	c. CITY OR	TOWN (If ou	tside corporate	e limits, write R	JRAL ond giv	re nearest to	own)
			EDERICK	_	111	VEEK	NE	W U	DINDS	SOK.		06x	-2
9		d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)	. 1	d, STREET	DDRESS				e. IS F	RESIDENCE
/		FREI	DERICK IN	EMOR	CIAL !	tosp.	R	+ II			1 = -	YES	□ NO)
		NAME OF DECEASED (Type or print)	BARRY	irst	EUG	Middle ENE	LITCH F	IELD	4. DATE OF DEATH	Mon 9	ih	Doy 20	Yeor 19 G
	5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED X	8. DATE OF BIRT	Н	9.	AGE (In years lost birthdoy)	IF UNDER 1 Months D	YEAR IF UN	
		M	W	WIDOWE		IVORCED 🗍	2/ /1	ky 61		yrs.	1		
	10o	during most of wo	ION (Give kind of work rking life, even if retire	done 10b.	KIND OF BUSI	NESS OR INDU	ISTRY 11. BIKTHP	LACE (Stote o	r foreign coun	try)	12.CITIZE	EN OF WHA	T COUNTR
			NONE		NON	E	M	9RYL	AND		1	15/2	-
1	13.	FATHER'S NAME	E 1 , to	C.F.	1.0		14. MOTHER'S	a the	AME	0	1 ozu		
)	15.	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECUR	RITY NO. 17. I	NFORMANT	U / 11 2	1111	Addr		7	
	(Yes	s, no, or unknown)	(If yes, give war or dates of	service)	NON	F	1400	n Re	card)			
		18. CAUSE OF DE	ATH [Enter only one	ouse per lin	ne for (o), (b),	ond (c).]	(/			11100	INTERVAL	
		PART I. DE	ATH WAS CAUSED 8Y	or Ca	rdiac	tail	UNE - (Por 1	10/ma	nale		ONSET AN	Pars
		7.5412			(, ,	r + 1	2		24	,,,,,
		Conditions, if	ony, which)	b) In	Brau	ricula	al Stpk	4/0	Iskel			21	mas
		gove rise to couse (a), stating	the under- DUE T	o Am	2.11.1	at	6-5					2	
	7	lying couse lost	/	(c) /7//	omaig	OU .	trachi		IAA DISEASE S		CALIAL DARY	-	nas
	CERTIFICATION	PART II, O	THER SIGNIFICANT CO	NDITIONS C	ONIKIBUTING	O DEATH 80	I NOI KELAIED I) IHE IEKMIN	NAL DISEASE C	ONDITION GIV	EN IN PAKI	PER YES	S AUTOPS
,		OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER	1	CRIBE HOW IN	IJURY OCCURRI	ED. (Enter noture o	of injury in Po	ort I or Port II	of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o. m.		eor 20d. If While	NJURY OCCUR	£.	LACE OF INJURY octory, street, offic			town)	(Co	ounty)	(Sto
	ME	p. m.	19	ot wor			.080	1		- 1	1/ 1		
		21. I certify th	at (1) (this hospite	al) atteng				125	a.lta_4		K. 196		
		saw the deced	ased alive an 20	JI.	19.0	and that	death occurre	d at A.	M, from th	e causes an	d on the	date stat	ed abov 22b. DATE
		220. SONATORE	-17	13	1	/	M.D. PHYS.	IG MEI	D. ECTOR 🗆	STAFF PHYS.			SIGNI
		22c. PHYSICIAN'S	9	VCE	eun		22d. ADDR		ECIOK [гпіз. Ц			
		NAME (Type)	F.J. HE	LON	RECH			1	male	end		ma	e
	230	BURIAL, CREMATI	ON, 23b. DATE THERE	9F	23c. NAME (OF CEMETERY (OR CREMATORY		23d. LOCATIO	N (City, town,	or (county)	(5	Stote)
	-	BURIAL	17/22/	61	MET	HUDI	57		TAY	LORS	VILL	E	mI
	24.	FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	11/	1	2So. REC'D	PBY REGISTRA		STRAR'S SIGN		
		y N Mile	BUV Y	no	Hew	uma	DOV	DATE			4. /	VIVAGE.	
	2	106919	9xv4										

MARYLAND STATE DEPARTMENT OF HEALTH

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ple filled in by the funeral apers. Pages 1 and 2 should 72 hours after death within 24 hours after TO HOSEVEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

4 4 may be retained by the hospital or attending physician.

TO FUNEAU DIRECTOR: After this certificate has been signed by the attending physician and compledirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within, 72 ho

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10205

1.	PLACE OF DEAT				2. USUAL RESIDE		d lived, If ins		ce bafora edmission)			
		derick		MARYLAND	Maryland Frederick							
	writa RURAL er	(if outside corporeta limind give nearest town)	ts,	c. LENGTH OF STAY IN 1b) c. CITY OR TOWN	nearest town)						
			if not in ho	spital, give street eddress)	d. STREET ADDRES	S			. IS RESIDENCE			
	408 Elm S	Street			408	Elm Street	t		YES NO			
3.	NAME OF DECEASED	First		Middla	Last	4. DATE OF	Month	Day	Year			
	(Typa or print)	BIRD		MAY	MILLER	DEATH	Septe	mber 15,	1961			
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	. DATE OF BIRTH		1 2 41 4 4	UNDER 1 YEAR	IF UNDER 24 HRS.			
F	emale	White	WIDOW	ED N DIVORCED	26 April 18		yrs.	Aonths Deys	Hours Min.			
10a	NOUSE-WO	TION (Give kind of work rorking life, evan if retire Ork	d)	At Home	and the second second	County Mar		USA	F WHAT COUNTRY			
13.	FATHER'S NAME				14. MOTHER'S MAIDE							
	David A.	Miller			Roberta Jo	ohnston						
		VER IN U.S. ARMED FOR (Ifyasgiva warordates of s		SOCIAL SECURITY NO. 17.	INFORMANT	120	W ddrass	urch St.				
	No	(II) day i va war or dares or s	oi vica,	Unk Mr	. Parsons Ne	ewman, Fred	derick	Md.				
		DEATH [Enter only one	causa par	lina for (a), (b), and (c).	0			INT	ERVAL BETWEEN			
В	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ces	rebral Hen	rorrliag				duys			
	331	X OUE TO	1	1	1. 1/r	,	1					
	Conditions, if an	y, which) (b)	17	terio -sch	crosis 40	donnel).	/	ogare			
	geve rise to immed (e), stating the	DITE TO	,									
	causa last.	didenying (c)										
NO	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN	IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?			
CATI	0 E 344								YES NO			
CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	WAS UNDERLYING DEATH Y MEDICAL EXAMINER	20b. 0ES	SCRIBE HOW INJURY OCCURED). (Enter natura of injury i	n Pert I or Part II of ite	om 1B.)					
	20c. TIME OF INJ	IURY Month, Day, Ya	ar 20d.		ACE OF INJURY (Homa, fa		wn)	(County)	(Steta)			
MEDICAL	Hour e.m.	4.5	While at wo	a Litor At lilla	tory, streat, offica bldg., a	ite.)						
~	p.m.			ided the deceased from	7 of. 1	10526 5	11-K	1061	hat (I) (we) las			
ŀ.		ased alive on	4 14	1961, and that		5AM, from the	causes ar		ate stated above			
	22a. SIGNATURE	. 11/-	THU	and a	ATTENDING		AFF		22b. DATE			
	180m	iara u-	w	mas Je. N	A.D. PHYS. X	DIRECTOR PH	IYS.	15 Se	pt 1961			
	22c. PHYSICIAN' NAME (Typ	Bernard 0.	Thoma	as, Jr., M. D.		arket St.,	Frede	rick, Md	l.			
23	REMOVAL_(Specif	TION, 23b. DATE THE		23c. NAME OF CEMETERY		Freder	City, town		(State)			
24	FUNERAL DIRECTO		J. J.	Mount Olivet		EC'D BY REGISTRAR			TURE			
24			n, Fr	ederick, Md.		SEP 1 8 '61		Thun & Ku				
			,		INVIE	OCT I O UI	1 1/1	I GULT S. The	107			

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PLACE O	OF DEATH			MARY		USUAL RESIDEN	CE (Where		b. COUNTY	. 1		nission)
h CITY	OF TOWN	f outside corporate lim	its. write	c. LENGTH OF STAY	IN 1b	c. CITY OF TOW	VN (If outs	ide corporate li		IRAL ond oi		own)
RURA	L ond give no	eorest town)		e de la composition della comp		1 - 1		ide corporore ii	1	ourse one g.		,,
	derick			Eyrs.	1	1 Frede		_ m	d.		T 10.1	PECI DELICE
OR II	NE OF HOSPIT INSTITUTION	(AL (If not in hospitol, g	give street	oddress)		d. STREET ADDI	RESS				e. IS I	RESIDENCE
Free	Jerick	County e	hron	ic Hespit	6.1	455 W	25+	Sout/	5+		YES	□ NO ②
. NAME		Fi	rst	Middle		Last	4	. DATE	Mon	th	Day	y eor
(Type or		Lillia		Ethe	1	minni	K	OF DEATH	9		15	1961
. SEX	1000	6. COLOR OR RACE	7. MARE	IED NEVER MARRI	ED [7] B. C	ATE OF BIRTH	CAC	9. AC	GE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS
Feme		white	WIDOWI	ED DIVORCE	o D A	ug. 13	18	87	t birthdoy) yrs.		Doys Hou	
Oa. USUA durina	L OCCUPATION MOST OF WORLD	DN (Give kind of work king life, even if retired)	,	R INDUSTRY		_	_)	12. CITIZ	EN OF WHA	T COUNTRY
A	useu	fe	NO	m home		Mary	rland	1		1	4.5. K	3,
3. FATHER					1	4. MOTHER'S MA	VIDEN NA	ΛE				
Rol	bert (Crone				May	Stor	ne				
		R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. INFO	-			Add	ress Frac	eric	k. Mo
NO NO. or u		(It yes, give war or dates of s	ervice]	20-18-0512	17	Mary F	Richa	ards,		.Mark		t:,
1B. CA		ATH [Enter only one co ATH WAS CAUSED BY:	ouse per li	ne for (o), (b), and (c).	5. 1	1/ -		0	1			BETWEEN ND DEATH
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Cone	ditions, if o	ny, which)	, de	ubella	mel	Cetus					6	44
	e rise to i											
	couse lost.	ine onder-	-1									
Z	PART II. OTH	HER SIGNIFICANT CON	*	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO TH	IE TERMINA	L DISEASE CON	NDITION GIV	EN IN PART	1(o) 19. W/	AS AUTOPSY
2				100	1000							RFORMED?
20- 4	CCIDENIT W/	AS LINIDEBLVING [7]	20h DES	CRIBE HOW INJURY O	CCLIPPED //	nter nature of in	iury in Par	t Lor Port II of	item 18.)		123	_ NO
20a. A OR CC	ONTRIBUTING THER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3	CRIBE HOW HOOK! O	CCORRED. (I	mer notore or m	ijory in rai		75.07			
20c. TI	ME OF INJUR	Y Month, Doy, Ye	or 20d. I	NJURY OCCURRED	20e. PLACE	OF INJURY (Hom	ne, form,	20f. (City or to	wn)	(Co	ounty)	(Stote
i I	Hour o.m.	19	While	Not while	foctor	, street, office blo	dg., etc.)					
	p. m.		ot wor		n	West	i	7- 1	10 .	01	/	
21.	certify the	at (1) (this hospita	attend	100 11		ranca	, 125_	1 ta	Arila) (we) las
saw	the decea	sed alive an	yr	196 and	that dea	th accurred a	19PN	, fram the	causes an	d an the	date stat	ed abave
22o. S	IGNATURE	4/1/	1),								0	22b. DATE
		MARICI	ille		M.D	ATTENDING PHYS.	MED.	CTOR PH	AFF IYS.		Sed	119
	HYSICIAN'S	11 4 1/				22d. ADDRESS					1	
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22 21/5		DATE TIEST	, H	100 11115 05 55	ETERN OF S			L LOCATION	100		V	
	AL, CREMATIC DVAL (Specify)			23c. NAME OF CEM				3d. LOCATION		or county)	(5	Stote)
b	urial	19/21/19	261	Lutheran	Ceme	tery			town,	Md		
24. FUNER.	AL DIRECTOR	'S SIGNATURE	3.00	ADDRESS	37.2	25		BY REGISTRAR	1	STRAR'S SIG	4.0	
GJ	adnil	1 Company	, M	iddletown	, Md.	D	ATE SE	P 25'61	0	Irthug 2.	Thous	

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MEDICAL

MANILA	IND SIMIL DE	MARINE INI	110-75-111	
DIVISION OF STATISTICAL RESEARCH	AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAN

	10212	CERTIFICATE			ALTIMORE 1, MA	207
1. PLACE OF DEAT e. COUNTY FY	rederick	MARYLAND	e. STATE	ence (Where dec	b. COUNTY	Residence before edmission
write RURAL en	(if outside corporete limits, d give neerest town) ederick	c. LENGTH OF STAY IN 1b	N	VN (If outside corpor	ete limits, write RURAL a	nd give neerest town)
	rederick Memorial		d. STREET ADDR	ESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Armistead	Middle A	Mock	4. DATE OF DEATH	September September	15, 1961
5. SEX	6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH January 22.		AGE (In yeers lest birthdey) Months yrs.	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
done during most of w	TION (Give kind of work orking life, even if retired) temployee	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	Rocks, M		TIZEN OF WHAT COUNTRY
3. FATHER'S NAME OSCAT Fra	anklin Mock		Lena Mon			
	VER IN U.S. ARMED FORCES? 16. (Ifyes give wer or detes of service)		INFORMANT B. Mary Ell	en Mock	Address Point of Ro	cks, Maryland
	DEATH [Enter only one ceuse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	for (e), (b), end (c).]	m ax	e de la constante de la consta	m	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if en geve rise to immed (e), steting the ceuse lest.	diate ceuse	Jump	eeb s	D Pm	hime	31-41
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN PAI	RT 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X-

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month, Dey, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED Not While While Hour e.m. et work et work p.m. 19

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)

(this hospital attended the deceased from...... and that death occured at..........M, from the causes and on the date stated above saw the deceased alive 22e. SIGNATURE M.D. 22c. PHYSICIAN'S

ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS

9-16-1961 DATE STAFF 25 Petersville Road

Brunswick, Maryland

E. Pruitt 230. BURIAL, CREMATION, 236 DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

M.D.

23d, LOCATION (City, town or county) (Stete) Point of Rocks, Maryland
25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REMOVAL (Specify) 9-19-1961 FUNERAL DIRECTOR Son

ADDRESS Frederick, Maryland

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Robert E. Delly Alter Frederick, Rangland appearant to week and

Surial S-19-1951 St. Faults Cemetery Coint of Hooks, Maryland

Dr. B. S. Pratit

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10213

10208

1		PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Fulderick.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) The Company of the corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A WARE OF HOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE
		Trederick Memorial Hospital 1
	(NAME OF DECEASED (Type or print) FLORENCE MISOURI MORGAN DAY Year DEATH SEPT. 24 1961
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NIVER DIVORCE
	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Across of working life, even if retired) Con Comments Marchand 12. CITIZEN OF WHAT COUNTRY?
1	13.	Brades Sant H
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address Mr. Lee II) Margine 2 Tauger Cate. Free M
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Severe arterior level foot disagree from the course (b) DUE TO (c)
	CERTIFICATION	ANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
9		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
		21. I certify that (I) (this haspital) attended the deceased fram. 8 18
		220. SIGNATURE Trank Dames of Med. MED. STAFF PHYS. ATTENDING MED. STAFF PHYS. OR DIRECTOR PHYS. 22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) FRANK DAMAZOJA 7 W 3rd St Frederich
	230	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Burial 9/26/6/ Chapel Cemetery M. February M.
	24.	FUNERAL DIRECTOR'S SIGNATURE 4. C. Bartan, Walkersville, Md. Date SEP 2 6 '61 Chilling B. Khana

VES 10233 The time of the same of the same Perence Marin Minera the public of the second Anienacy of the Street Street Street Street Made Marte March Rosel The Toll Morney STEWN LET IN ACT TO SECURE OF THE PARTY OF T The state of the s

FOR STATE HEALTH DEPT. relay is necessary, and director. Page ed for your TO DE! ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a provide a please **, cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the presser, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10214MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Where deces			9999	ndmission
e. COUNTY	Frederick		MARYLAND	e. STATE	na.	b. COUNT	Fra	nlelda nlelda	/
	N (if outside corporete limi	ts,	c. LENGTH OF STAY IN 16		N (If outside corporete	limits, write		and the same of the same	wn
Frederi	and give nearest lown)		THE PARTY OF	Wan	eersburg		10	50.2	
	SPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRES				l e. IS	RESIDENCE
						- 4		ON	A FARM?
3. NAME OF	ederick Memor	clai i	Middla	The same of the sa	Main Stre				NO X
DECEASED				Last	OF	Month		Dey Ye	
(Type or print)	CLARI		WILLIAM	MULL	DEATH	Septer		25, 19	
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH		GE (In years I			R 24 HRS.
Male	White	WIDOWE	D DIVORCED	September 1		yrs.	Months De	ys Hours	Min.
	ATION (Give kind of work		IND OF BUSINESS OR INDUSTR)	12. CITIZI	EN OF WHAT	COUNTRY
Carpent	working life, even if retire	a)	Construction	Penna.				USA	
13. FATHER'S NAME			COMPOT GCOTON	14. MOTHER'S MAIDE				-	
TToo	36.77			Mose	or Famelale				
	ry Mull	CES2 16	SOCIAL SECURITY NO. 17.		y Fenwick	Addrass			
(Yes, no, or unkown)	(If yes give war or detes of s	ervicel			17.77 0		110		
No			04-01-3501 Mrs	. Naomi M.	Mull-Same	as ite	#2		
	F DEATH Enter only one	ceuse per	line for (e), (b), end (c).]					ONSET AND	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ACT	JTE CORONARY AF	TERY THROME	BOSIS				
410.0	DUE TO								
Conditions, if e		REC	CENT MYOCARDIAL	INFARCT					
gave rise to imm	ediate cause							-	
(e), steting the	underlying DUE TO	ATD	TERTOSCLEROBIS	UEADM DICE	CF				
cause lest.	J (c)		TRIBUTING TO DEATH BUT NO			DITION CIVE	N IN DART 1	(-): 10 WAS	ALITOREY
PARI II. OII	HER SIGNIFICANT CONDI	IIONS COL	AIKIBOTING TO DEATH BOT NO	DI RELATED TO THE TEX	MINAL DISEASE CON	IDITION GIVE	N IN PAKE		ORMED?
5								YES T	NO 🗌
PART II. OTI	CAUSE WAS 2	Db. DESCR	IBE HOW INJURY OCCURED.	Enter neture of injury In	Pert I or Pert II of item	18.)			
20c. TIME OF IN	NJURY Month, Day, Ye			CE OF INJURY (Home, f		own)	(County	y)	(State)
Hour e.n		While at wor		tory, street, office bldg.,	erc.)				
			nains described above, he	old an Autonou 🖃	Inspection (3)	, Inquiry	. 🖼	and in my	i-i
		_						and in my	pinion
death resulte	d from: Natural ca	auses A	, Accident , Suic	ide, Homicid		ermined ma	nner		
	am.	11		CHIEF MEDICA	AL EXAMINER				
ACTUAL SIGNATURE	120.Th	07	ras-	M.D. ASSISTANT M	MEDICAL EXAMINER			DATE SI	
EXAMINER'S				DEPUTY MEDIC	CAL EXAMINER			9/3	25/61
NAME (Type)	B. O. Thor	nas, l	1.D.	Address (Stree	et, city, town, or coun	ty)			
220. BURIAL, CREMA	TION, 226. DATE THERE		22c. NAME OF CEMETERY O		22d. LOCATION		or country)	(Ste	ate)
REMOVAL (Spec	Sept.27,	1961	Fairview Ceme	terv	Merce	rsburg		Penna.	•
23. FUNERAL DIREC		-,	ADDRESS		REC'D BY REGISTRAR	the second second		NATURE	
		Francis	demiok Mamelos		P 2 7 '61				
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10215

CERTIFICATE OF DEATH

10215

	PLACE OF DEATH				2	USUAL	RESIDEN	CE (Where	deceased li	ved, If in	stitutió : (e:	de et b	foe ed	lmission)
	a. COUNTY	erick		MARY	T A NID	a. STATE	Marvl	and	b.	COUNT	Frede	rick		
-	b. CITY OR TOWN (i	f outside corporete limit	· · · · · · · · · · · · · · · · · · ·	c. LENGTH OF STA		c. CITY C	OR TOWN (I	If outside co	orporate limi	ts, write I	RURAL and	give neer	est town)
1	write RURAL end	give neerest town)		Since 10/	22/53	X	Mt. A	iry -	Rura	L				
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hos	pital, give street addr	ess)	d. STREE	T ADDRESS					8		FARM?
		dd Fellows	Home			/ 1	Near M			٧		Y	ES 🗌	
3.	NAME OF DECEASED	First		Middle		Last		4. DATI	Е	Month		Day	Yaar	
	(Type or print)	LENNA		M.		NAIL	L	DEAT			tember		19 (51_
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B				D B. D	ATE OF BIR	HTH		9. AGE (II		F UNDER 1 Y			24 HRS.	
]	Female	White	WIDOWE	DIVORCE	6	Sept	1877		84	yrs.	Months De	ys n	ours	Min.
	ne during most of wo	ON (Give kind of work rking life, even if retired)	ND OF BUSINESS OR	INDUSTRY	-			or foreign c	ountry)	12. CITIZ		HAT CO	OUNTRY?
12	HOUSE-WO	rk	A	t Home			arylan				05	A		
13.		T. Chaney					ecca E		ars					
15.		ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. INF	ORMANT			,	Address				-
(Ye	No (li	fyes give weror datas of sa		lone	Mary:	land (Odd Fe	llows	Home	(Sar	ne as	item	#1) .
	18. CAUSE OF D	EATH [Enter only one	ceuse per li	ine for (e), (b), and (c	:).]		11						AL BETY	
		H WAS CAUSED BY:	1	szem	Erry	ac	clm	200	12	_		2m		Li
	420.	DUE TO			At.	10-								
	Conditions, if any		line	lesose	aire	ic,	her	N	duse	us	2	41	ar	
	geve rise to immedi	ete ceuse	-									1		
	(a), steting the u	nderlying												
z		(c)_	IONS CON	ITRIBUTING TO DEAT	H BUT NOT R	ELATED TO	THE TERMI	NAL DISEA	SE CONDITIE	ON GIVE	N IN PART 1	(e) 19. Y	WAS AL	UTOPSY
5					_							YES	PERFOR	RMED?
FICA	20e, ACCIDENT W	AS LINDERLYING TO I	20h DES	CRIBE HOW INJURY	OCCURED (F	nter neture	of injury in	Pert I or Pe	rt II of item	IB.)		110	Ц.	10 []
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 013	CKIBE 110 W 1100KI	OCCORED. (E	mor norare	01 ////01 / //							
A.	2De. TIME OF INJU	RY Month, Dey, Yee	r 2Dd.	INJURY OCCURRED	2De. PLACE				City or town)	(Count	у)	(Stete)
MEDICAL	Hour a.m.		While at wor		fectory	, street, offi	ce bldg., etc	:-)						
Z	p.m.	19			1 2			1966	to Se	14-	2/ 10	Liber	(1) ((a) lac
		hat (I) (this hospit	3 Liv	SV. 19 6 /., a	d from	- 1	4							
	saw the deceas	sed alive on	74	J. V19.662.1, 8	ind fnar de	затл оссі	ured ar.	AND IT	om me c	auses c	ind on m	e date		DATE
	226. SIGNATURE	13/12/		mar	— м.D.	ATTEND PHYS.		MED. DIRECTOR	STAF PHYS		20	Sept	19	61 GNED
	22c. PHYSICIAN'S NAME (Type)	000				22d. Al						25.2		
	NAME (Type)	B. O. Thoma	as, M.	. D.		228	N. Mar	rket S	it., F	reae	rick,	MQ.		
23		ON, 23b. DATE THER	EOF	23c. NAME OF C	EMETERY OR	CREMATO	RY	23d. LC	OCATION (City, tow	n or county)		(Sta	ite)
	REMOVAL (Specify)		1961	Prospect	t Cem	eter	7	Fr	ederi	ck	Co.	Mar	yla	nd
	FUNERAL DIRECTOR	S'S SIGNATURE	,,,,,	ADDRESS			2Se. RE	C'D BY REC			ISTRAR'S SI			
	C. M. WA	LTZ. WIN	FIEL	D. MARY	LAND		DATE	TAR						

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. COUNTY o. STATE filed b. COUNTY MARYLAND funerol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give_nearest town) P WOODBINE
d. STREET ADDRESS REDERICI the d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM C YES NO WOODBINE REDERICK MEMORIAL HOS 4. DATE NAME OF Middle Manth Day Year DECEASED 24 DEATH (Type or print) 196/ 0 man IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In feors S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Haurs WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) OWN HONIF HOUSE WIFE oud pou 13. FATHER'S NAME Cor physicion remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO WOODBINE MI ottending eose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gned gave rise to immediate DUE TO cause (a), stating the underlying couse last buriol-tronsit 5 hos been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION 19. WAS AUTOPSY emotion, PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) Day, Year (Caunty) factory, street, office bldg., etc.) Haur a. m. While Not while 19 at work at wark p. m 21. I certify that (1) (this hospital) attended the deceosed fram Aug. 196, that (1) (we) last M, from the causes and an the date stated above. 1961, and that death occurred ob. saw the deceased olive an OR: 220. SIGNATUR SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, tawn, ar county) 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (State) TO FUN REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE LEDNIONDSON AUE VR A15 (4) DATE Cathy & King 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

THE REPORT OF THE PROPERTY OF THE PARTY OF T ERSOL MATERIAL STATES OF THE STATE OF Antenna de la companya del companya de la companya del companya de la companya de The Burgers of Leaving Control 2000

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A may be fined by the haspital ar attending physician.

TO FUNE, A. DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY			re deceased lived. If institution:	Residence peror demisson)
	FREDERICK	MARYLAND	Marylai Marylai	nd b. COUNTY Mc	ntgomery
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		tside carporate limits, write RURA	L and give nearest tawn)
3	Frederick	1 day	Damascı	15	13/17
7	 d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 	Section 12 A left	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Frederick Mem. Ho	spital	27431 1	Ridge Rd.	YES NO [
Л	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Russell	V. Oden	, Sr.	DEATH Sept.	2 1961
7	5. SEX 6. COLOR OR RACE 7. MARR	HED TINEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
d	Male White widows	ED DIVORCED	Feb. 14,190		anths Days Haurs Min.
В	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
3	Electrician		New Man	rket. Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		-,
	Washington Brewer	Oden	Emma C.	Thompson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		IFORMANT	Address	
	(Yes, no, or unknown) (If yes, give war or dates of service)	4-16-7833 M	rytle A. Ode	en Ite	m 2
	1B. CAUSE OF DEATH [Enter anly one cause per lin	. 10			INTERVAL BETWEEN
57	PART I. DEATH WAS CAUSED BY:		11.0	0.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Janesty	The state of the s		
	5 TO DUE TO	0 -0	0, 0.	. 0	1000
	Conditions, if any, which gave rise to immediate (b)	exponented	Aylone	carre	
	cause (a), stating the under-		00		
	lying cause last. (c) (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINA	AL DISEASE COMPITION CIVEN	INI BART 1/-> 10 MAC ALITORSY
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	PERFORMED?
					YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	rt I ar Part II at (tem 18.)	
	3 20c. TIME OF INJURY Manth, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. If Haur a. m. White p. m. 19 of war	INUI WHITE	tary, street, affice bldg., etc.)		
		0 0	0/1 100	1. 9/-	. 196. (, that (I) (we) last
	21. I certify that (I) (this haspital) attend				
	saw the deceased alive an 9/2	IY Co. I, and that d	eath accurred ata_A	A, from the causes and c	an the date stated above.
	8-8-131	0.0	M.D. ATTENDING MEE		SIGNED
4	22c. PHYSICIAN'S	Tram	22d. ADDRESS	ECTOR PHYS.	11216,
	NAME (Type) Robert H. P.	lgram, m.D	Prod	F. Blog	
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, Jown, or c	aunty) (State)
	REMOVAL (Specify) Burial 9/4/61	New Mark	et.	New Market	. Md.
	24. FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D		AR'S SIGNATURE
-	Clin L. Wolsenth	Damascus,	Md. DATE SEE	6 '61 anth	or S. Kraus

E EEG T ESSENSE) 45 --DELICATE LEAVE LEA A2 7007, 41 .66% 4 . Ol . Formal west gerimoe" . 2 eams | ur 2 mais and mais a constitute a structural series AN Exercise of the same of the A PORT OF THE PROPERTY OF THE PARTY OF THE P

within 24 hours after filled in by the funeral s. Pages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. 394 may be retained by the hospital or attending physician.

TO FULLARAL DIRECTOR: After this certificate has been signed by the attending physician and comparation by the director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

	10218		CERTIFICA	ATE OF D	EATH		1	0213
	derick		MARYLAN	a, STATE	Md		INTIFF ed	
Lewistown (i	foutsida corporata lim giva nearest town)		LENGTH OF STAY IN	1b c. CITY O	Lewisto	corporate limits, wri	ita RURAL and	give nearest town)
	Home	if not in hospital,	, give straet addrass)	d. STREET	ADDRESS			IS RESIDEN ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Georg	ge N	Middle Middle	Palmer	4. DA OF DE	TE Mon		1961 19
5. SEX Male	White	7. MARRIED WIDOWED	NEVER MARRIED	Nov . 2I .		9. AGE (In year late)		YEAR IF UNDER 24 HR ays Hours Min.
10a. USUAL OCCUPATION done during most of wor Fish Cult	rking lifa, even if retira	Stat	of Business or Indi	Fred	erick	a, or foreign country		EN OF WHAT COUNT $S ullet A$
G. Lloyd	Palmer				e Delep	lane Mi	ller	
15. WAS DECEASED EVE (Yas, Ty, or unkown) (If	R IN U.S. ARMED FOI yesgivawar ordates of:	Inning	-36-2737		e F.Pal	ner. Le	wisto	wn Md
PART I. DEATH	EATH [Entar only one I WAS CAUSED BY: IMMEDIATE CAUSE (a)	causa per line f		ugolor	leal h	Joset	ion	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any		arte	rio-Sel	eratie C	ronon	art, d	is.	3,
(a), stating the uncause last.	DUIT TO)						
PART II. OTHER OR CONTRIBUTING OR CONTRIBUTING UIF EITHER, NOTIFY	SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT	T NOT RELATED TO	THE TERMINAL DISE	ase condition gi	IVEN IN PART 1	19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIB	E HOW INJURY OCCU	URED. (Entar natura o	finjury in Part I or I	Part II of itam 1B.)		
20c. TIME OF INJUI	RY Month, Day, Ye	Whila at work	RY OCCURRED 20e. Not While at work	PLACE OF INJURY (factory, streat, office		(City or town)	(Count	(Stata)
	1 .	- 0	the deceased from 19. and	that death occur	ed/2:3 M.	to 12 September 12		that (I) (we) I
22 SIGNATURE 22c. PHYSICIAN'S	les A (onle	y for	M.D. ATTENDIN PHYS.	IG MED. DIRECTOR	STAFF PHYS.	1	3 Sept 6
NAME (Type) 23a, BURIAL, CREMATION			c. NAME OF CEMETI		ada.	LOCATION (City, 1		(Stata)
REBUT 1811fy)	Sept.I5	.1961 N	t. Olive	t Cem.	777	derick F		
24 FUNERAL DIRECTOR	'S SIGNATURE	lage	Apdress Thur	mont. Md		8 '61 25b. R	arthun S.	

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 9/59

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MAKTLAND	SIAIE DE	AKIMENI	OF HEALIH	
IVISION OF STATISTICAL	RESEARCH AND	RECORDS - BA	LTIMORE 1, MA	RYLAND
OF	DTIFLGATE	OF DEAT	1.1	

		0219		CERTIF	ICAIL	OF DEATH			1	02	11	
1.	PLACE OF DEATH				2	USUAL RESIDENCE (V	Where decease		on: Residen	ice befor	e admissi	ion)
	Freder	rick		MARY	LAND	o. STATE Marvla	and	b. COUNTY	Carro	11	-	
	b. CITY OR TOWN (If RURAL ond give ne	autside corporate limi	ts, write	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f autside carpo	orate limits, write R	URAL ond	give nea	rest town)
	Frederi			1 month		#2 Mi	t. Airy					
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street ad			d. STREET ADDRESS			4/1		e. IS RES	PARM?
	Frederi	ck Memoria	1			Warfield	Acres		164	-0		NON
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Da	у `	Year
	(Type or print)	George		A.	Po	rteous	DEATH	Sept.		29		1961
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D B. [PATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR Doys	Hours	R 24 HRS. Min.
	Male	W	WIDOWED	DIVORCE	S	ept. 1, 188	30	81 yrs.	, violities	Doys	Hours	Mill.
100	during most of work	N (Give kind of wark a	done 10b. KI	ND OF BUSINESS O	R INDUSTR'	11. BIRTHPLACE (Sto		ountry)		ZEN OF	WHATC	OUNTRY?
	Livestock	Consultant		reeder		Scorrai	iu		0	DA		
13.	Ronald F	Contoolis			1	4. MOTHER'S MAIDEN Elizabeth		OUSE				
	Ronard F	OI CEOUS				BII Dabe of	i o o o i i i					
		IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO.				Add				
	no	40		0-30-7677	Mr	s. George 1	Porteou	s Sam	e as	2		
		TH [Enter only one co	use per line	far (0), (b), and (c).]		11					RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Can	comme	· of	the -	Brown	late i	- U			
	177	DUE TO		0	- 4	-01						
	Conditions, if ar		2	nevale	300	mela	elan			0	Ur	2
	gove rise to in cause (o), stating t		0		8						1	
	lying couse lost.) (c)									
ON	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS	AUTOPSY RMED?
CERTIFICATION	or Forman										YES 🗌	
RTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OF	CCURRED. (Enter noture of injury i	n Port I or Par	rt II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes		URY OCCURRED		OF INJURY (Home, fo		y or town)	(County)		(Stote)
ME	p. m.	19	While of wark [Nat while ot work								
	21. I certify that	t (I) (this haspital) attende	d the deceased	fram S	P6	26/, ta_	50029	196	L, th	at (1) (we) last
	saw the deceas		028	196/, and	that dea	th accurred at 3			d an the	e date	stated	abave.
	220 SIGNATURE	1/1	1									b, DATE
	/ Jens	m 11.	hus	-	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		9	129/	SIGNED
	22. PHYSICIAN'S NAME (Type)	1	01			22d. ADDRESS		-	- ,	11	,	
	-	lenry V	v Cl	iuse		14 E. Ch.	irch	St /-,	-010	271	C/T,	Md
23	BURIAL, CREMATION	N, 23b. DATE THEREC	F	23c. NAME OF CEME	ETERY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)		(Stat	e)
	REMOVAL (Specify) Cremation	9-29-6]		Ft. Linco	oln		Princ	e George	Coun	tv.	Md.	7
24	FUNERAL DIRECTOR	SIGNATURE		ADDRESS		25a. RE	C'D BY REGIS		STRAR'S SI	GNATU	RE	
1	France 7.	Barber	ayton	sville, Mo	d.	DATE	OCT 2	61 0	illing &	· K		
_								49-0	A PARTY AND			

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i			state(ab)	
	the state of	Lateral L	74a	
	3		Johnson X X ring	
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	arounds around the			STU
2 ss entro	RE. Grossa sortenia	222430-7977		
		10 38		
(3)	12 3 3 3 3 3 3 3 3 3			
A commence		41 400 .55	13-15-0 10.15	

within 24 hours after y filled in by the funeral hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Se 4 may be retained by the hospital or attending physician.

OFU RAL DIRECTOR: After this certificate has been signed by the attending physician and comp director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

TO HOSPITAL death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH TAAAA

10221	10215
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institutions Residence before edmission)
Frederick	a. STATE Virginia b. COUNTY Loudoun
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and give neerest town)	
Rural Jefferson, Md. 23 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rural Lovettsville, Va. 83X-3
	ON A FARM?
Glenmerrie Nursing Home	Lovettsville, Va. YES NO T
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Bertie J. Pot	terfield DEATH Sept. 8 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	arch 18. 1870 91 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C. W. Fry	Annie Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yas, no, or unkown) (If yas give wer or dates of service)	arry S. Potterfield - Lovettsville, V
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	cecano, iman
35/X DUE TO	
Conditions, if any, which (b)	
geve rise to Immediate cause (a), stating the underlying DUE TO	
causa fast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E Arlein Schulie	PERFORMED?
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED	(Enter nettee of injury in Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
p.m. 19 ef work et work	0/11/11/2/01/1
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occured at. 7,7,7 from the causes and on the date stated above.
228. SIGNATURE / NAME OF LIVE TO	ATTENDING MED. STAFF 22b. DATE
	D. PHYS. DIRECTOR PHYS. 914/6
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. W. B. Carpenter	frummul 119
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial Sept.11, 1961 Reformed	d Cemetery Lovettsville, Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
M.R.Etchison and Son.Frederick, Md.	DATE SEP 11 '61 Cirthur & Kraus
The state of the s	

. the circulation of the control of th . Son the Bigitheapor . To be lived . No. 3 Later at delivery of transcounce Deprendent Later Control Control Control . DE . Morrobort. Tot. Bras ocalists. M. .

FOR STATE po DE TO DE TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If except is necessary, please a scutte the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the strain director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

risior	of	STA	TIST	ICAL	RESEAR	CH AND	RECORDS,	301 W.	PRESTO	N STREE	T, BALTIN	NORE 1,	MARYLAND
1	10	22.	1	MED	ICAL	EXAM	AINER'S	CERT	IFICAT	E OF	DEATH	1	
- Q	U	W. Far	1										1-024-6

		PLACE OF DEATE •. COUNTY	H			SIDENCE (Where d	laceasad livad, If institutio	n asid h b	on dmission)
		e. COUNT	Frederick	MARYLAND	a. STATE	Marylar	ad b. COUNTY	Fre	derick
	t	b. CITY OR TOWN (if outside corporate limits, d giva nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR T		porala limits, writa RURAL	and giva neara	sl lown)
			nt rural	32 yrs.		Thurmon	nt rural	THE L	
	(d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	n hospital, give streat address)	d. STREET AD	DDRESS		0.	IS RESIDENCE ON A FARM?
1		Own	Home					YE	S NO
		NAME OF DECEASED (Typa or print)	First	Middle Howard Rick	Last	4. DATE OF DEATE	Month Sept.	Day	Yaar 19 6.1
1	5.	SEX			8. DATE OF BIRTH	15	P. AGE (In years IF UNDI		NDER 24 HRS.
9		male			Nov. 7.	1890	70 yrs. Months		urs Min.
1				DE. KIND OF BUSINESS OR INDUST		E (Stala or foreign co	untry) 12.	CITIZEN OF WH	AT COUNTRY?
		na during most of wo Farmer	orking lifa, avan if retirad)	Own Farm	Mar	yland		U.S.A	
	13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
		Silas	Rickerd			Mary Ha	rt		
			ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	4 0	Address		
6	(Yas	Yes	lfyasgiva war or dales of servica)	None R	uth V. R	lickerd	Thurmon	t. Md.	RD 2
	1		DEATH Enter only one cause				***	INTERVA	L BETWEEN
			H WAS CAUSED BY:	Coronary Occ	lusion			ONSET A	Minutes
н		11201	, , , , , , , , , , , , , , , , , , ,	ool onal y ooc	Zab zom				11111000
31		720,1	DUE TO						
	Н	Conditions, if any gava rise to immed	iate cause						
91		(a), stating tha u	indarlying DUE TO						
	_	cause last.) (c)	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE	TERMINAL DISEASE	CONDITION CIVEN IN D	A D.T. 1/- \\ 10 \\ \\	A C A LITOREY
	6	PARI II. OTHER	K SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN IN PA	AKT 1(0) 19. W	ERFORMED?
4	CA							YES	П ио 🔀
	CERTIFICATION	20a. EXTERNAL CAPRIMARY ☐ or CCCCAUSE OF DEATH.	ONTRIBUTING [ESCRIBE HOW INJURY OCCURED.	(Enlar natura of injur	y in Part I or Part II o	If item 18.)		
	N N	20c. TIME OF INJU	JRY Month, Day, Year 2		ACE OF INJURY (Ho		y or town) (C	County)	(Stata)
	MEDICAL	Hour a.m.		Whila Not Whila fac	ctory, streat, office blo	dg., atc.)			
		21. I certify th	hat I took charge of the	remains described above, h	eld an Autopsy	, Inspection	, Inquiry ,	and in n	ny opinion
		death resulted	from: Natural causes	, Accident, Sui	cide , Hom	nicide , Ur	ndetermined manner		
			and		CHIEF ME	DICAL EXAMINER	7		
1		ACTUAL	Mother	mas	ASSISTAL	NT MEDICAL EXAMI	NER 🗆	DATE	SIGNED
<		SIGNATURE	10000		M.D.	MEDICAL EXAMINER			
		EXAMINER'S NAME (Typa)	B.O. Thoma	S		Streat, city, town, or	_	9-1/1	-61
	22a.	. BURIAL, CREMATIC		22c. NAME OF CEMETERY C			TION (City, town, or cour		(Stata)
		REMOVAL (Specify Burial		Blue Ridge	Cemetery	Thur	mont, Mar	vland	
		SUNERAL DIRECTO		ADDRESS			TRAR 24b. REGISTRAR"		
	1	asleman	16 Onia	Thurmont		CED 1 8 7		8. Krave	
	4	y The		7 - C1110110110	, 110 a 10	ATE DEI 10	1		
4		1							

HOTERASANTAGE EMBARACE JAS GENERAL ER GENERAL The second was things to be also also OCAL TO THE OF THE PARTY OF THE Andrea de la companya . Del , secretoro l'esperante de differente de la companya del companya de la companya de la companya del companya de la compa THE DESIGN OF THE PARTY OF THE P AND THE PROPERTY OF STREET STREET, AND ADDRESS OF THE PARTY OF THE PAR

fled in by the funeral qurs after death. 3 should be detached for use as the burial-transit permit. Then please remove carbon pape director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon p be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within,

within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut death.

TO FUNARAL DIRECTOR: After this certificate has been signed by the attending physician and complete the state of the state

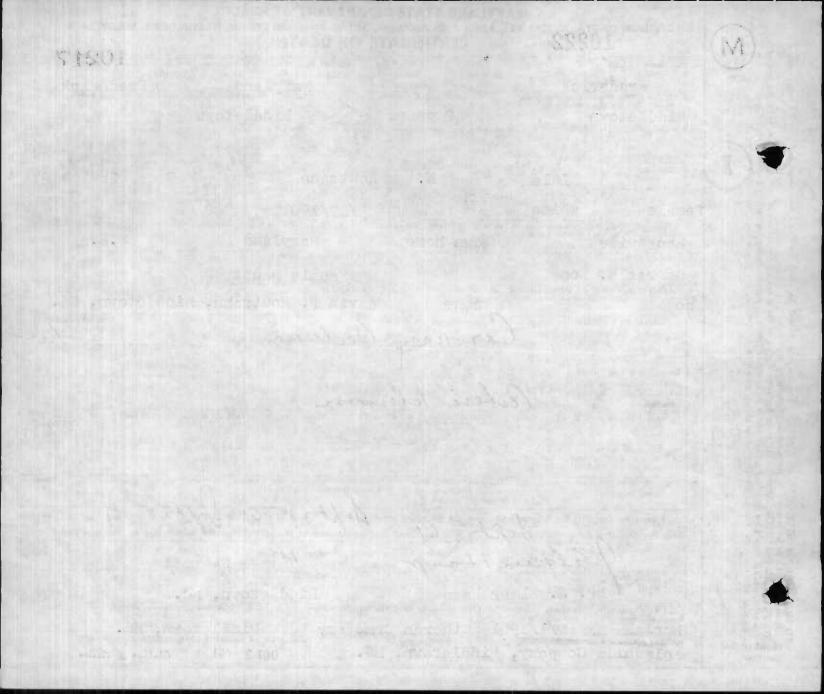
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MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 1022 CERTIFICATE OF DEATH DIVISION

10943

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE			b for admission)
Frederick	-	MARYLAND	a. STATE Marv		o. COUNTY	erick
b. CITY OR TOWN (if outside cor	porata limits,	c. LENGTH OF STAY IN 16			its, write RURAL and gi	
write RURAL and give nearest	town)	2 7700775	X Mi	ddletown		
Middletown	ITUTION (15 4 1- 4	2 years	d, STREET ADDRESS	adrecown		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INST	ITOTION (IT not in nosp	ital, give sireer eddress;	d. STREET ADDRESS			ON A FARM? YES NO T
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month D	ey Year
(Type or print)	ula		Routzahn	DEATH	9 2	8 19 61
5. SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH		In years IF UNDER 1 YE	
female wh	nite WIDOWED		3/19/1901	60	yrs. Months Day	s Hours Min.
10a. USUAL OCCUPATION (Give ki	nd of work 10b. KII en if retired)	ND OF BUSINESS OR INDUSTI		-		OF WHAT COUNTRY?
housewife		own home	Maryl		U.	5.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
George E. Lor	ng		Fannie H	aupt		
15. WAS DECEASED EVER IN U.S. A (Yes, no, or unkown) (Ifyes give war			INFORMANT		Address	
no no or unkown) (il yes give wall	or dates of service)	none Ca	alvin F. Ro	utzahn,	Middletow	n, Md.
18. CAUSE OF DEATH [Ente		ne for (a), (b), and (c).]	6 1			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY: CAUSE (a)	ronary 1	Jeclusia	1		2 his
42011	DUE TO					
Conditions, if any, which	(b)	1				
gave rise to immediata cause	DUE TO A		1			
(a), stating the underlying cause last.	list	erix scler	10022			
	NT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY
ATIO						YES NO .
PART II. OTHER SIGNIFICATION 208. ACCIDENT WAS UNDERLY OR CONTRIBUTING \(\text{AUSE} \) (If EITHER, NOTIFY MEDICAL E	F DEATH	RIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Part II of item	18.)	
20c. TIME OF INJURY Month	h, Day, Year 2Dd. II Whita 19 at work	Not While fac	ACE OF INJURY (Homa, farm tory, straat, office bldg., atc.		n) (County) (Stata)
21. I certify that (I) (th	is hospital) attend	ed the deceased from	Dept 28.	196.1, to Jen	128, 196,	, that (I) (we) last
saw the deceased alive	on Acht	\$19.6./, and tha	t death occured at		causes and on the	date stated above
228. SIGNATURE	love F	tack,		MED. STA		22b. DATE SIGNED
22c. PHYSICIAN'S	J. Elmer	Harn	22d. ADDRESS	etown, M	i.a	
23a. BURIAL, CREMATION, 23b.		23c. NAME OF CEMETERY			(City, town or county)	(State)
REMOVAL (Specify)	0/1/1961		metery	Middlet	own Md.	
24 FUNERAL DIRECTOR'S SIGNATU	JRE	ADDRESS	25a. REC		256. REGISTRAR'S SIG	NATURE
	npany, Mi	ddletown, M	d. DATE O	ET 3 '61	arthur S.	Kraua



by the funeral director, and 2 should be filed with may be "toined by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely fill, page 3 shauld be detached far use as the buriol-transit permit. Then please remaye carban papers. Pages the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10223 **CERTIFICATE OF DEATH**

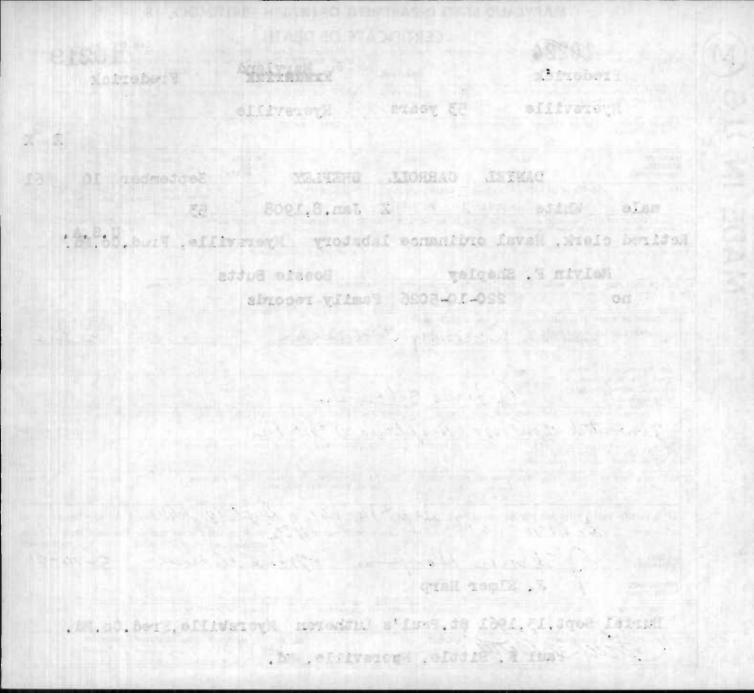
								Keg. Dist.	140.		
PLACE OF DEATH	d omi oli		MARY	LAND	2. USUAL RESIDENCE o. STATE		b. COUNTY			(IIIon)	
	ederick					yland		Frede:			
RURAL and give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond give	e nearest to	own)	
Middlet			life		Mid	dletow	m				
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospitol, g N	ive street	oddress)		d. STREET ADDRESS o. IS RESIDE ON A FA YES N						
3. NAME OF DECEASED (Type or print)	Robert		Middle Fr e nklin	F	loutzahn	4. DATE OF DEATH	Sept		Doy 22	Yeor 1961	
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIE	DF	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 11	YEAR IF UN	IDER 24 HRS.	
male	white	WIDOW	ED TO DIVORCE		Sept. 20,	1934	last birthday) 27 yrs.	Months Do	oys Hou	rs Min.	
10a. USUAL OCCUPA during most of w truck d	TION (Give kind of work orking life, even if retired TIVET	done 10b.	KIND OF BUSINESS OF ansportat		STRY 11. BIRTHPLACE (SI		country)	12. CITIZE		IAT COUNTRY	
13. FATHER'S NAME					14. MOTHER'S MAIDE	NAME					
Calvin F	. Routzahr	1			Lulu Lo	ong					
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT lvin F. Re	outzah	n, Midd		n, Mo	1.	
Conditions, if gove rise to couse (o), statin lying couse los	immediate g the <u>under-</u> t. DUE TO)									
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	<u>(TH</u> BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?	
	WAS UNDERLYING AGE CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury	in Port 1 or Par	rt II of item 18.)				
20c. TIME OF INJ Hour o. m	10	While	NJURY OCCURRED Not while k ot work		ACE OF INJURY (Home, torry, street, office bldg.,		y or town)	(Cou	inty)	(State)	
alive on	that I attended the left 72	, 19_(ZZ death	196/, ta_ accurred at 3,4	AM, fra	m the causes of treet, city or town,	ind an the			
PHYSICIAN'S NAME (Type)			arp		M.D. Mid	dletow	n, Md.		42	2 4 6)	
220. BURIAL, CREMAT REMOVAL (Speci		,	Zzc. NAME OF CEME	-			ddletow		7	tote)	
23. FUNERAL DIRECTO		1	ADDRESS	LE	emetery	EC'D BY REGIS		STRAR'S SIGN			
Gladhill	Company,	Mi	ddletown,	Mo							
aradii-11	- company	7.7-	age coomité	110	DATE	FP 2 6 '6	1 and	hun S. Tu	Laura		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUN VS A15 (4) 15M 9/55 The light freedom to work the The state of the s INCOMES AS A MINISTER OF PARTY AND THE SECOND AND ASSESSMENT OF RES.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10007	CER	TIFICA	TE OF DEAT	Н	Reg. [Dist. No.
1. PLACE OF DEATH a. COUNTY	10%%4 ederick	MA	RYLAND	2. USUAL RESIDENCE (W	here deceased li		ale 02 mission)
RURAL ond give neo	outside corporate limits, w rest town) Prsville	c. LENGTH OF ST.		c. FITY OR TOWN (IF		e limits, write RURAL one	d give nearest town)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give s	street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First DANT	EL CARRO		Lost	4. DATE OF DEATH	Manth	Day Year
	6. COLOR OR RACE 7.	MARRIED NEVER MAI	RRIED 8	DATE OF BIRTH Jan. 8.190	9.	AGE (In years IF UNDI last birthday) Months yrs.	ER 1 YEAR IF UNDER 24 HR
Retired c: 13. FATHER'S NAME ME 15. WAS DECEASED EVER	lerk, Nava	hepley	e lat	RY 11. BIRTHPLACE (Stot	yersvi NAME Butts		TIZEN OF WHAT COUNTRY
1B. CAUSE OF DEAT	mediate ((c).] "	elusion			INTERVAL BETWEEN ONSET AND DEATH
lying couse lost.	R SIGNIFICANT CONDITION THAC DEVILOR UNDERLYING 206 CAUSE OF DEATH	1961 Hosp	estatige .	NOT RELATED TO THE TERM A AN THAT A (Enter noture of injury in	ricy.		ART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO [
20c. TIME OF INJURY Hour o. m. p. m.	, v	20d. INJURY OCCURRED While Not while t work at wark		CE OF INJURY (Home, for ory, street, office bldg., et		town)	(County) (State
	J. E.	ceased fram. De	at death		M, fram the ADDRESS (Street		last saw the decease the date stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specific	Sept.13,1	22c. NAME OF CO				N (City, tawn, or county) (State)
23. FUNERAL DIRECTOR'S	SIGNATURE Paul F	ADDRESS Bittle,		24a. REC	EP 1 4 '61		

VS A15 (4) 15M 9/5B



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10225

OF DEATH

a. COUNTY	TH			2. USUAL RESIDENCE (Where deceased lived, If institution: Resident deceased lived, If it is it is institution deceased lived, If it is i							
Fre	ederick		MARYLAND	Maryland Frederick							
write RURAL en	(if outside corporete limit nd give neerest town) lerick	s, c. LE	Years	11 -	lf outside corporate limits, wr derick	ite RURAL end give	neerest town)				
	PITAL OR INSTITUTION (I	not in hospital, g		d. STREET ADDRESS			e. IS RESIDENCE				
E30 Tre	ail Avenue			1 530 Trail	1 Avenue		ON A FARM?				
3. NAME OF	First		Middle	Last	Yeer						
(Typa or print)	CHAR	T.FS	FRANKLIN	SMITH	DEATH Septem	mber 27	1961				
5. SEX	6. COLOR OR RACE			B. DATE OF BIRTH	19 AGE /In year	UIF LINDER 1 VEAR					
Male	White	WIDOWED X		June 10, 1883	L last birthdey	Months Deys	Hours Min.				
10e. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	10b. KIND OF	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ity & State, or foreign country) 12. CITIZEN C	OF WHAT COUNTRY				
Furniture	01		tner	Maryla		USA	A				
13. FATHER'S NAME				14. MOTHER'S MAIDEN							
	narles K. Sm				r Hinkle						
(Yes, no, or unkown)	VER IN U.S. ARMED FORG	rvice)			Addre						
No				s Gloria I.	Smith, 530 Tr	ail Ave.	fred. Md.				
	DEATH [Enter only one	ceuse per line for	(a), (b), end (c).]	NA STATE OF THE ST			TERVAL BETWEEN				
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	(MAZ	cary oco	lugion.		IX.	LA ALLE				
111200		C	, Carde	1		10	whites				
7200	DUE TO	A. t.	Chart.	heart d	44	11					
Conditions, if en		unier	organica	mays of	evene	- 4	earn				
(e), steting the	DUE TO					//					
ceuse fest.) (c)_					V					
PART II. OTHE	ER SIGNIFICANT CONDIT	IONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(e) 1	19. WAS AUTOPSY PERFORMED?				
EAT							YES NO				
OR CONTRIBUTING	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURED). (Enter neture of Injury in I	Pert I or Pert II of item 18.)						
20c. TIME OF INJ		While N		ACE OF INJURY (Home, farm tory, street, office bldg., etc.		(County)	(State)				
	19			1/27/20	10 10 0/2	7 10/01	1 (1) (> 1				
	that (I) (this hospita	f 1	f 1				that (I) (we) las				
	ased alive on	0.(1.3	, and that	death occured ab:	30PM from the causes	and on the da					
220. SIGNATURE	M.	1			AED. STAFF	Cont	28,1961 DATE				
a		Louis	N N	1.0.	PHYS.	Sept.	20,1701				
NAME (Type		homas M.	D.	22d. ADDRESS 228 North	Market St.,	Frederick	, Marylan				
	TION, 236. DATE THERE		NAME OF CEMETERY		23d. LOCATION (City, t		(State)				
REMOVAL (Specify	9-30-19	61 No	unt Olivet	Cometam	Francisco de	Mom	erl on d				
24 FUNERAL DIRECTO		01 110	ADDRESS		'rederick		y Land				
		n Frada			ED D a lod						
M. V. Prci	nison and So	n, rrede	rick, maryl	DATE OF	LI 2 3 01 (Irthur S. Kra	44				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10226 CERTIFICATE OF DEATH

1. PLACE OF DEATH	lerick		MARYLAND	2. USUAL R		CE (Where decee	sed lived, If in b. COUN		ek edmission)				
b. CITY OR TOWN (write RURAL end Frederick	if outside corporete limits give neerest town)		ince 9/12/61		NWOT	f outside corporet							
	Memorial H			d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	First EDGA	P	Middle SEYMOUR	SMITH		4. DATE OF DEATH	Month	ember 21					
5. SEX	6. COLOR OR RACE			8. DATE OF BIRT	- 00/			IF UNDER 1 YEAR Months Deys					
done during most of wo Retired—Lab 13. FATHER'S NAME		1)	er Company	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY West Virginia USA 14. MOTHER'S MAIDEN NAME									
	inith ER IN U.S. ARMED FORC fyesgive war or detes of se		CIAL SECURITY NO. 17.	INFORMANT		st name	Address						
OR CONTRIBUTING	ete ceuse nderlying DUE TO (c)_ R SIGNIFICANT CONDITI		BUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMIN		NDITION GIVE		19. WAS AUTOPSY PERFORMED? YES NO THE				
ZOc. TIME OF INJU-	19	While at work	Not While fi	LACE OF INJURY (I	bldg., etc.			(County)	(Stete)				
saw the decease 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type)	sed alive on seg		the deceased from19	ATTENDIN PHYS. 22d. ADD	GK D	OAM, from the	STAFF PHYS.	21 S	22b. DATE ept 1961				
23e. BURIAL, CREMATI REMOVAL (Specify) Burial	ON, 236. DATE THERE	EOF 2	sc. NAME OF CEMETER Mt. Hope Cen				oro, M	aryland	(State)				
M. R. Etc		, Frede	erick, Maryl	and		P 2 2 '61		ELLUM S. Kra					

D.F. L. State Control of the Control

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14. 1. Economo a son, Frederick, Margunaul

Herey V. Chare, U. L.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10227 2. USUAL RESIDENCE (Where decesed lived, If institution: Residence 1. PLACE OF DEATH a. COUNTY b. COUNTY Frederick Md MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 vrs d. STREET ADDRESS Home Own First 4. DATE Middle FANNIE CATHERINE SMITH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED [DIVORCED [Own Home Maryland 14. MOTHER'S MAIDEN NAME

write RURAL and give neerest town) Rural Frederick R.D.3 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES ANO Month Dey NAME OF DECEASED DEATHSept.27. 1961 (Type or print) 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX phdey) Months | Days Hours Female 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of woming life, even if retired U.S.A 13. FATHER'S NAME Shryock Catherine John Anders 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, non joyunkown) | (If yes give wer or detes of service) Elmer C.Smith R.F.D.3. Frederick Md INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH cull impotantial infortion PART I. DEATH WAS CAUSED BY: cherces IMMEDIATE CAUSE (a)/ elaotie saider- Forcedar diresse Conditions, if any, which geva risa to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, straet, office bldg., etc.) Not While While Hour a.m. et work et work Gund 1966 to 12/2 7 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 196/, and that death occured at PM, from the causes and on the date stated above. saw the deceased alive on effect 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ent.30.1961 Utica Cem. Utica.Fredk.Co. Md. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 PENERAL DIRECTOR'S SIGN

'61

Cuilmy S. Firmes

Frederick

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Frederick

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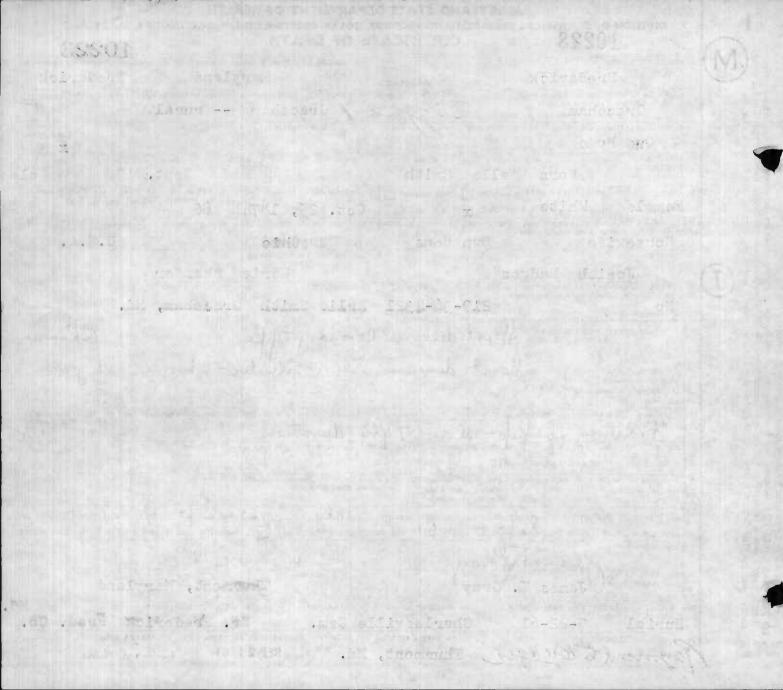
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TO HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. 1964 may be retained by the hospital or attending physician. 24 hours after a death. 1965 and 1965 and 1965 are seen signed by the attending physician and complete the filled in by the funeral of infector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND SIATE DEPAKIMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
10228 CERTIFICATE OF DEATH	40000

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Res	
Frederick MARYLAN		ederick
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	1b c. CITY OR TOWN (If outside corporete limits, write RURAL and g	giva nearast town)
Graceham 30 yr	Graceham rural	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Onn Home		YES NO
3. NAME OF First Middle DECEASED		Day Yaer
(Typa or print) Nora Belle Smith	of Death Sept. 19	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y. last birthdey) Months De	
Female White WIDOWED N DIVORCED	Oct. 25. 1874 86 yrs. Months De	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU		EN OF WHAT COUNTRY?
Housewife Own Home	Mary Ohio T	J.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	J. D. M.
Tarioh Wadaaa		
Josiah Hedges 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Marie Shaffer 7. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivawarordatasofsarvica)		
No 219-36-4321	Arlie Smith Graceham, Md.	
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	A .	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) He and discore	Coronary type	1 Kaun.
420.1 DUE TO	0 01	
Conditions, if eny, which) (b) Heart descense	asterio Selevatic - Chronic	loueans
gava rise to immediata cause		0
(e), stating the undarlying DUE TO		
	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19, WAS AUTOPSY
E 4 4	1 +1	PERFORMED?
5 Tracure of this ald 19	pro duration	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Entar neture of injury in Pert I or Pert II of item 18.)	
	Division of hillips (h)	\$ 600 t \$
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour e.m. While Not While at work et work	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Count factory, street, office bldg., atc.)	y) (Stete)
p.m. 19 at work et work	D .	
21. I certify that (I) (this hospital) attended the deceased from	om May 1954 to Dept 19, 196	, that (i) (we) last
saw the deceased alive on Se Wt 1 1961, and t	(1 / 1/2)	
22e. SIGNATURE	1	22b. DATE
Charles Charles	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) James K. Gray	Thurmont, Marylan	nd
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCATION (City, town or county)	(Steta) MC
Burial 9-22-61 Charlesvi		Fred. Co.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
Tarmond to Creaser. Thurmont	Md. DATE SEP 21 '61 Ciritury & 1	Trans
+1		



FOR STATE HEALTH DEPT.

aral director. Page elay is necessary, ded for your files. TO DE TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a real directions are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the real direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death:

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

											LU	624		
1. PLACE	OF DEATH						RESIDEN	ICE (Where	deceased lived, If		Residen	ce before	admission)	
		Frederick		MARYL	AND	a. STATE Maryland b. COUNTY Frederick								
		outside corporate limits	,	c. LENGTH OF STAY	IN 1b	c. CITY O	RTOWN	(If outside co	orporata limits, writ	e RURAL a	nd giva	nearest toy	vn)	
writ	_	give nearest town)		N. September 1		1)		_						
I MAN	Freder:				·	1		derick						
d. NAM	NE OF HOSPII.	AL OR INSTITUTION (if	not in hos	pital, give streat address	s)	d. SIKEEI	ADDRESS						A FARM?	
	corner	Winchester	St.	& Clarke P	1.	-1	24 1	Winche	ster St.				NO X	
3. NAME		First		Middla		Last		4. DATI	E Mont	h	Day	Yea	ır	
DECEA (Type o		_	100					OF DEAT	TH ~		_	10	1-	
5. SEX		Raym	ond	I.	Smi.		FLI		Sep		2	19	61_	
J. SEA		6. COLOR OR RACE	. MARRIE	D NEVER MARRIED	K B.	DATE OF BIRT	Н		9. AGE (In years last birthday)	Months	Days	Hours	Min.	
Male		White	WIDOWE	D DIVORCED		June 1	5- 1	888	73 yrs.	Monnis	0075	110013	Will.	
		ON (Give kind of work	10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (State	or foraign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?	
	aborer	king life, even if retired		ick Works		Max	ylan	A			U.S	A		
13. FATHE			DI	LCK WOLKS	-	14. MOTHER'	-			1	0.0	0.75.0		
		Washington	Qm1+1					Forema	m					
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	1 17 79		DIG .	L OT STITE	Addras					
(Yes, no, or	r unkown) (If:	yes give war or dates of ser		SOCIAL SECORIT NO.				-						
No			2]	4-10-2998	Mr	s. Elme	r Ha	rgett-	- Frederi	ck- M	d.			
18. C.	AUSE OF DI	EATH [Enter only one of	ause per l	ine for (a), (b), and (c).]					1100		ERVAL BE		
P	PART I. DEATH	MAS CAUSED BY:	Co	oronary occ	Ingi.	on						inute		
1	110			or other a con		OA4								
	720	DUE TO												
	tions, if any,	10/_												
	isa to immadia lating tha un	DIE TO												
cause		(c)												
-		SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	INAL DISEAS	SE CONDITION GIV	/EN IN PAR	2T 1(a) 1	9. WAS	AUTOPSY	
일											- 40	PERFO	DRMED?	
5										100		YES _	NO X	
	EXTERNAL CA	USE WAS 201	b. DESCRI	IBE HOW INJURY OCC	URED. (En	itar natura of Ir	njury in Pa	rt I or Part II	of itam 1B.)					
O CAUSE	OF DEATH.	TIME OF THE COLUMN												
₹ 20c. T	THE OF INJUR	Y Month, Day, Year	2Dd.	INJURY OCCURRED 2		E OF INJURY			City or town)	(Co	unty)		(State)	
20c. I	Hour a.m.		While		facto	ry, streat, office	bldg., at	c.)						
-	p.m.	19	at wor							process				
21. I	certify tha	at I took charge of	the rem	ains described abo	ve, held	d an Autop	sy,	Inspectio	n K Inqui	ry,	and	in my c	pinion	
death	resulted fr	om: Natural cau	ses X,	Accident ,	Suicio	de 🔲, H	omicide	[], (Indetermined n	nanner				
T			0			CHIEF	MEDICAL	EXAMINER			Pin			
ACTU	JAL	12 1921	1	nas	7	ASSIS	TANT ME	DICAL EXAM	INED 🗆		D	ATE SIG	NED	
SIGN	ATURE	120111	NI	700-		M.D.								
	MINER'S					DEPUT	Y MEDICA	AL EXAMINE	COC		and	9-70	267	
	E (Typa)	Dr. B.O.Th		00 NAME OF STREET	PEDW OF		ss (Street,	city, town,			-	2-19		
	L, CREMATION VAL (Spacify)			22c. NAME OF CEME				22d. LOC	ATION (City, town	, or countr	у)	(Stat	(e)	
Bur:	ial	Sept. 5-	51	Mt. Olivet	t Cen	netery			derick- N					
23. FUNER	RAL DIRECTOR	Dodlaw and	Son	ADDRESS	- Mar	brofun	24a. RE		STRAR 24b. REC		4 -			
by-		Dailey and			- WIGLI	Arenn	DATE	P 6 '6	1 Ga	Ilwa S.	Krass	4		
- a	6 20 -1 3	PY TO A PURE PY	Jan C.											

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Juny 15- 1988 73

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Total - Total

FOR STATE and director. Page ed for your files. elay is necessary,

TO DE! ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please please a secure the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the stand display is a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pourseliter death.

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE B. COUNTY B. COUNTY D. COUNTY
	c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) White RURAL end give nearest town) White RURAL end give nearest town)
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Waston Haram Staley DEATH Sestember 201961
7	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 4 8 yrs. Months Days Hours Min.
do	USUAL OCCUPATION (Giva kind of work and during most of working life, avan If retired) Tarres 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foreign country) 112. CITIZEN OF WHAT COUNTRY? The derick Co 12. S, Q.
	Harm M Stalon Virgie Micheal
15. (Ya	WAS DECEASED EVER A U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ino, or unknown) ((fygis give war or dates of service) Mrs. Dirgie Stelley Walkersvelle No.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation by harry for a part of the country for the cou
	Conditions, if any, which (b)
	gava rise to immadiate causa (a), stating the underlying causa last. DUE TO (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 work 19 4 work 19 19
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry Y, and in my opinion
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL BANGE ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER VI 3:1720, 1961
	NAME (Typa) 5.0, 140 mas, WD Addrass (Streat, city, town, or county)
22a	REMOVAL (Spacify) 9 (Sinta) 1 23 (6) 1 23 (6) 1 23 (6) 1 23 (6) 1 24 (7) 1 25 (1) 1 26 (1) 1 27 (1) 1 28 (1) 1 29 (1) 1 20 (
23.	4 0. B. T. 102.01 100 201 SEP 25'61 O-Thing & House
	J. C. Decree Welkersyrell Mg DATE

The House or Carlet Kindley The Readon Stelly - Selected to 3 th March Herring and March House of the State o The sales of the s Destated to the second of the second Mary Throne State Waller Bearing and the first A STATE OF THE PARTY OF THE PAR Carlot 12 / Bernschaft Con and who will be a thing of the Berthall Manney Wall

FOR STATE HEALTH DEPT.

of director. Page of for your files. Board of Health,

06

forwarded to the Land DIRECTOR: Poge 3

CERTIFICATION

TO FUN VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_								R	T USK	NE L)
	2	. USUAL RE	SIDENCE	(Where	deceosed	lived.	If i	nstitution:	Residence	before	admission
		o. STATE	1/1022	rl an	2	b.	CO	UNTY	Frade	mia	1-

										Ve.	7 3 CA			
1. PLACE OF DEATH o. COUNTY Fre	ederick			MARY	LAND	2. USUAL R	Mary.		b. COUNT	v	dence bel		ission)	
b. CITY OR TOWN (III and give negrest fown Frederic		RURAL	c. LE	days	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Jefferson								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Frederick Memorial Hospital						d. STREET ADDRESS						ON	A FARM?	
3. NAME OF First DECEASED (Type or print) WINTON				Middle LEWIS		STOCKM	AN	4. DATE OF DEATH	September		Doy 4		9 61	
5. SEX Male	6. COLOR OR RACE White	7. MAR		NEVER MARRIED	-	May 28,			9. AGE In years lost bythday) 56 yrs.	IF UNDE Months	R 1YEAR Days	IF UND	ER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farming								or foreign		12. CI	TIZEN O		COUNTRY	
13. FATHER'S NAME David I	R. Stockman					14. MOTHER'S MAIDEN NAME Clara Zimmerman								
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOI (If yes, give war or dales of	ervice)		SECURITY NO. 30-9768		nformants. Jame	s L.	Ingram	Address 1, Jeffers	son,	Mary	land		
	liote couse	so per lir	Tra	(b), and (c).	8	Tiff	Hu	row	bosis			TAND DE		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES TO NO T

200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	20b. D	ESCRIBE	HOW II	NJURY OCCL	JRRED. (E	nter noture of	injury in Part I	or Fart II of item 18.
CAUSE OF DEATH.	M	. V.	and	pede	stri	an		
20c. TIME OF INJURY Month, Doy,	Yeor	20d. IN	HURY C	CCURRED	20e. PLAC	CE OF INJURY	(Home, form,	20f. (City or town)

MED	8 25 p. m. 8	2519 6 Ol work [Not while of work	2340	no. refferson	- Frederick	m
	21. I certify that I too	k charge of the rem	oins described above	, held an Autopsy	. Inspection .	Inquiry .	ond in m
						-	and a

opinion deoth resulted from:	Notural causes ,	Accident 21,	Suicide	Homicide	Undetermined monner	

ACTUAL	Bookennas.	CHIEF MEDICAL EXAMINER	DATE

	EXAMINER'S NAME (Type)	13.0.7h	mas, m. D		DICAL EXAMINER 😭
220	BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY OR CR	EMATORY	22d. LOCATION (C

Feagaville, Maryland
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Burial 9-8-1961
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

DATE SEP 1 1 '61

O. Thung of Kings

(County)

SIGNED

(Stote)

DE LA CONTRACTOR DE LA end provide and a transport of the contract of The state of the s

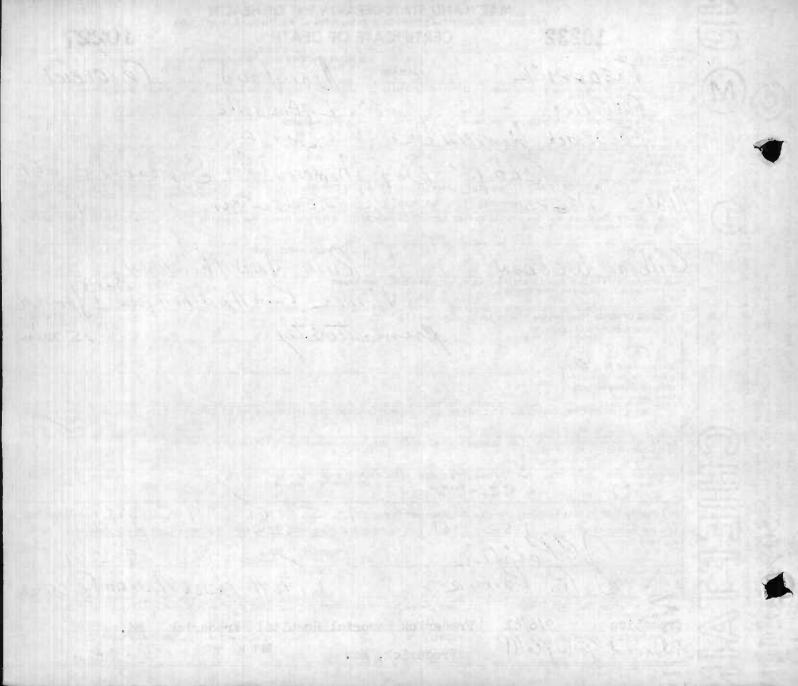
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10227

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whege deceased lived. If institution: Residence befare admission)
O. COUNTY FREE & FICK MARYLAND	o. STATE b. COUNTY FOR EDEPIC!
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L PREDERICK	T-1Amsiritle
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ODRESS e. IS RESIDENCE ON A FARM?
FREDERICK MemoReal Jose	1 / Dax / 69 YES NO
3. NAME OF DECEASED MIDELS	Lost 4. DATE Month Doy Year
(Type or print) Docky Day	hompson DEATH SEPTEMBER 5 1961
S. SER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Wale 1/86RO WIDOWED DIVORCED	SEPTEMBENS-1961 ast birthday) Manths Days Hours Min.
Vo. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and the second s	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GILBERT WEEDON	KUTH / LNN / hompson
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	NFORMANT Address BOX/69
//	OTHER RUTH DNN/hompson Lifmsville
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aturity 15 min
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate couse (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(A)	YES NO
□ OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 1B.)
Hour a.m. While Not while for	LACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
p. m. 19 at wark at work	
21. I certify that (1) (this hospital) attended the deceased fram.	
saw the deceased alive an 9-5- 1961, and that	death accurred at 5. M, from the causes and an the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 9 C SIGNED
220 BLYCICIANIC AT DUPLE	M.D. PHYS. DIRECTOR PHYS. 1 7-8-6
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
J . / .	1 101 1011 House House PERDERICK
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town, ar county) (State)
Cremation 9/6/61 Frederick Me	morial Hospital Frederick Md.
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Frederick,	Md. DATE TEP 8 67 - 1 an 8. Kraus

2069181XV3



1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased liv	red. If institution:	Resident 2
a. COUNTY Fre derick	MARYLAND	o. STATE Mar	ulan	. COUNTY	tudes
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	stside corporate	limits, write RURA	AL ond give neare
d. NAME OF HOSPITAL (If not in hospital, give stre	et address)	d. STREET ADDRESS	tew	skruru	е.
3. NAME OF Pirst DECEASED	Middle	Last	4. DATE OF	Manth	Day
(Type or print) HOW ARD	MELVIN 1	NAGNER	DEATH	Dept.	14
5. SEX 6. COLOR OR RACE 7. MJ	ARRIED NEVER MARRIED	B. DATE OF BIRTH			UNDER 1 YEAR II
m W WIDO	WED DIVORCED	Sept. 26. 1	878	82 yrs.	lonths Days
10a. USUAL OCCUPATION (Give kind of work done 10 during mast of warking life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY W. BIRTHPLACE State	or foreign count	try)	12. CITIZEN OF
Farmer	own farm	1 * M	arula	ud	W.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		200
Tracton Was	ner	Elisabe	the K	Judron	W
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. IN	mrs Visas	uia. Ula	Address	1-7hun
18. CAUSE OF DEATH [Enter anly one cause per	line for (o), (b), and (c).]			11	INTER
PART I. DEATH WAS CAUSED BY:	Least Saile		(ONSE
420.0 DUE TO 0		1.0	^	00307	
Conditions, if any, which) (b)	plerios cleroses	s of heart	chlood	vessels) (
gove rise to immediate couse (a), stating the under-					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	INAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19

MEDICAL 20c. TIME OF INJURY Manth, Day, Hour o. m. p. m.

Year 20d. INJURY OCCURRED While Nat while at wark ot work 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) foctory, street, office bldg., etc.)

22d. ADDRESS

(County)

(Stote)

1961, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased from and that death occurred at 2 saw the deceased alive an D.M., fram the causes and on the date stated above 22a. SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D.

22c. PHYSIC (AN'S. NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, or county)

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

BURIAL, CREMATION,

REMOVAL (Specify)

ADDRESS

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23b.

DATE THEREOF

DATE SEP

Octhur S. Knows

TO HOSP! TO FUNE VR A15 (4) 15M 9/59

Sales of the last of the second second second TO THE WAY AND AND THE SAME THE WAY A THE SAME T Francisco Series Hoteland & Marie Barrell Waster Wagner ! Blownett Pucker no ___ ser-surses here the place tengency wilder the few

may be 0

FUNERAL DIRECTOR'S AIGNATURE

ADDRESS Thurmont, Md. 25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Day

Days

(County)

19____, that (I) (we) last

ON A FARM?

YES NO

Year

19

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

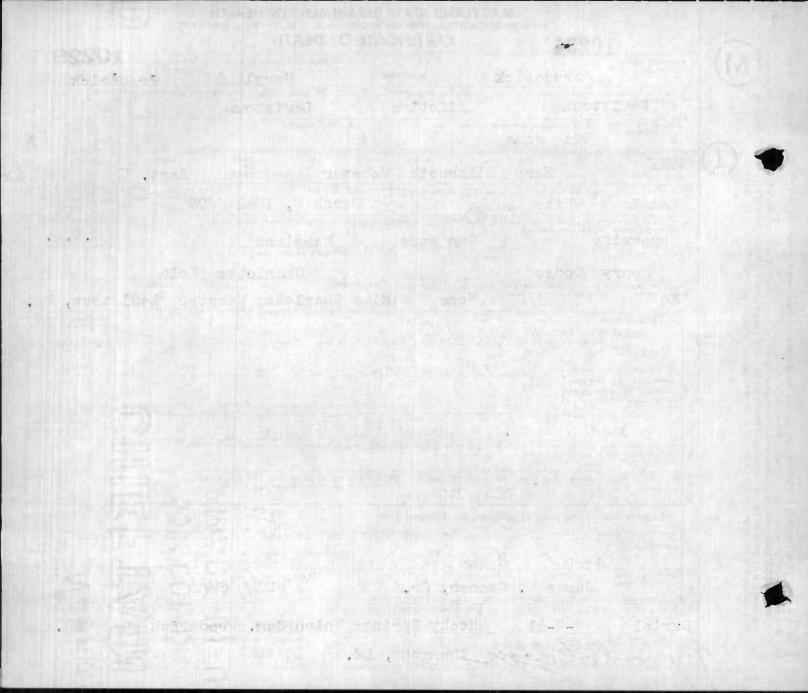
PERFORMED? YES NO P

(State)

22b. DATE SIGNED

(State)

arthur & Thousa DATE



ral director. Page lay is necessary. The word "pending" in pencil in nem 10, civer reversity in the serious should be used es a burial-transit permit. File pages 1 and 2 with the rial, cremation, or removal, and in any event-within 72 hours after de consideration. state the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 agent, prior to its designated 4 should TO DE 6

VS. A15ME

		RESEAR	CLAND STATE DE RCH AND RECORDS, EXAMINER'S	301 W. PREST	ON STREE		ORE 1, MA	ARYLAND		
PLACE OF DEATH				2. USUAL RESIDE	NCE (Where	deceesed lived, If i	nstitution, Resi	dence before edmission)		
Frederick			MARYLAND	* Maryland b. COUNTY Frederick						
b. CITY OR TOWN (if outsi write BURAL and give	negrest town)	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)						
Frederi			hours	Frederick						
d. NAME OF HOSPITAL O	R INSTITUTION (if	not in hos	pitel, give street eddress)	d. STREET ADDRES	55		,	e. IS RESIDENCE		
Frederic	k Memor	ial	Hospital	315 W.	South	St	/	YES NO		
NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Dey Yeer		
(Type or print)	Et	ta	Vivian	West	DEAT	н 9		23 19 61		
SEX 6. C	OLOR OR RACE	7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	1	9. AGE (In yeers	IF UNDER 1 YE.	AR IF UNDER 24 HRS.		
е	negro	WIDOWE		3-18- 189	97	lest birthdey) 64 yrs.	Months Day	ys Hours Min.		
USUAL OCCUPATION (Conducting most of working lannery Wo			IND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (See Maryl		ountry)		OF WHAT COUNTRY?		
FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
Charles B	rown			Etta T	Cemple					
WAS DECEASED EVER IN I			SOCIAL SECURITY NO. 17. I	NFORMANT		Address	Balt	imore, Md		
no n			19-07-4920	Russell	West	1732		allwood		
18. CAUSE OF DEATH PART I. DEATH WAS			ne for (e), (b), end (c).] rebral Hemmo	rage				INTERVAL BETWEEN ONSET AND DEATH 3 HTS		
Conditions, if eny, whi	DUE TO		Hypertension		FLACE					
geve rise to immediate ca (e), stating the underly	DIJE TO		Name of							
couse lest.) (c)_				hat					
PART II. OTHER SIGN	IFICANT CONDIT	IONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TER!	MINAL DISEASI	E CONDITION GIVE	N IN PART 1(e	PERFORMED? YES NO X		
2De. EXTERNAL CAUSE V PRIMARY OF CONTRIB CAUSE OF DEATH.		b. DESCRI	BE HOW INJURY OCCURED. (E	nter neture of injury in f	Pert I or Pert II	of item 18.)				
2Dc. TIME OF INJURY Hour e.m. p.m.	Month, Day, Yee	2Dd. I While at work	Not While fector	CE OF INJURY (Home, for ory, street, office bldg., e		ity or town)	(County)	(State)		

21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Natural causes X Suicide Homicide Undetermined manner death resulted from:

ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

B] Cardiness (Street, city, town, or county)

DATE SIGNED 9-25-61

NAME (Type) 22e. BURIAL, CREMATION, Buriay (Specify) 9-26-61

22c. NAME OF CEMETERY OR CREMATORY Bartonsville

-Professional

Frederick Co. Md.

22d. LOCATION (City, town, or country)

23. FUNERAL DIRECTOR

EXAMINER'S

MEDICAL

ADDRESS

DATE

REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MILLION & Kings

Frederick. Md.

C.E. Hicks 111

Frederick, Md.

THE MARCHIO - HY ADDRIVE HE DO STREET A LITER LIKE STREET FROM Megaphania, It. ellitamotes 10-68-0 Think HI CON MENTAGE SOL IN and the same of the same tidle reignings of the agent of the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10236 CERTIFICATE OF DEATH

1. PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Where de			2 Sociale dmission
Frederic	k		MARYLAND	Maryland		Frede		
b. CITY OR TOWN	N (if outside corporete limi	ts, c	LENGTH OF STAY IN 16	c. CITY OR TOWN				re neerest town)
	end give neerest town)	13.5	2 1	Free days also	David .	· >		
Frederic		7/	/ days	Frederick		6		La arcine La
d. NAME OF HO	SPITAL OR INSTITUTION (it not in hospita	at, give street address)	d. SIREEI ADDRES	5	1		e. IS RESIDENCE
Frederic	k Memorial H	osnika		Frederick	Route #	16		YES X NO
3. NAME OF DECEASED	First	.opp.zocz	Middle	Last	4. DATE	Monti	h De	ey Yeer
(Type or print)	Намия		Wd ad an	707.2 7	OF DEATH	0	26	1961
5. SEX	6. COLOR OR RACE	T WARRIED I	Victor	Wiles B. DATE OF BIRTH	19	AGF (In years	IF UNDER 1 YEA	
						last birthdey)	Months Deys	
Male	White	WIDOWED			,1891	70 yrs.		
done during most of	ATION (Give kind of work working life, even if retire	10b. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
Farmin		-	ming	Frederic	k Count	h.w	U.S.	Δ .
13. FATHER'S NAME		1.007.1	nrve	14. MOTHER'S MAIDE		J	1 0.5.	Α.
7 - 1	70 mr. 17			A				
	E. Wiles			Amanda G	Tadhill			
	EVER IN U.S. ARMED FOR (If yes give werer detected)		CIAL SECURITY NO. 17.	INFORMANT		Address	\$	
No	No		-36-7055 Pa	ul E.WilesF	mades dal	- Poute	#7	
	F DEATH [Enter only one		for (a) (b) and (c) d	INT ROUTTOBL	Leda. Tel	roune	mi, Mary	Land.
	ATH WAS CAUSED BY:	1 1	1		C			ONSET AND DEATH
10011.00	MEDIATE CAUSE (e)	1500	alust you	acciones on				2 weeks
1101.		1						
Conditions, if e	-	2 errelles						
geve rise to imm	100/	100	Jereffer ce -	calufic			-	
(e), steting the	DIE TO	V						
ceuse lest.								
Z PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	
PART II. OTI								PERFORMED?
5								YES NOX
	WAS UNDERLYING A	20b. DESCRI	BE HOW INJURY OCCURED). (Enter neture of injury i	in Part I or Pert II	ol item 18.)		
J (IF EITHER, NOTI	IFY MEDICAL EXAMINER)							
20c. TIME OF IN	JURY Month, Dey, Ye	er 20d. INJ	URY OCCURRED 200, PL	ACE OF INJURY (Home, fe	erm, : 20f. (City	or town)	(County)	(Stete)
Hour e.m	1.	While	71401 17111110	tory, street, office bldg., e	etc.)			
₹ р.п	n. 19	et work	_ et work		1	-		
21. I certify	that (I) (this hospi	lal) attende	d the deceased from.	July	, 1960 to	Sugar 26	19.6%	, that (I) (we) la
sow the desc	eased alive on	19ch - 26	19.66, and tha	doub occured of	2:12 from	the course	and on the	date stated above
29W LILE GEO	sased allve oli	7	IZ, and ma	death occured at.		1110 C80303	and on me	22b. DATE
22e. SIGNATUR		1/10	4	ATTENDING_	MED.	STAFF	,	SIGNE
1/20	cert /1-	1000	Main 1	I.D. PHYS.	DIRECTOR	PHYS.	- All	pt. 27/60
22c. PHYSICIAN				22d. ADDRESS				
NAME (Ty		tbarn	W.D.	Walkersv	ille.Mar	wland.		
23e. BURIAL, CREMA			3c. NAME OF CEMETERY			ATION (City, to	wn or county)	(Stete)
REMOVAL (Speci	ify) - / //-						31 600111/1	
Burial	9/29/61		Middletown Lu	theran Cem.		lletown		Md.
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		REC'D BY REGIST		GISTRAR'S SIGN	NATURE
R. Etabisa	n &con Frank	and also M	a Land	DATE	SEP 2 9'	61	7 -1 -	10
· 1r · Tr CMT 20	n &SOn, Frede	LTCK M	aryland.	DATE			arthur & ;	Toral

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. A. Leckleon & Month red. rick, anglich

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH
10232

10227	OEM-III OATE					
I. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decees		tion: Residence	e bafore edmission)
Frederick	MARYLAND	e. STATE	aryland	b, COUNTY	Fre	derick
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (a limits, write RUR	AL and giva n	earast town)
write RURAL and give nearest town) Frederick-Rural-R.F.D.#5	2 Years	11	Frederic	•		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	2 1 0 00 2 2 0 .	180		. IS RESIDENCE
		1 112 Wa	st Third	Street		ON A FARM?
Vindabona Convalescehtand	Middle	Last	4. DATE	Month	Day	Yes NO A
DECEASED			OF DEATH			
(Type or print) JOHN	McELROY	WILSON		Septemb		1961 IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	_ la	GE (In years IF UN st birthday) Mon		Hours Min.
Male White WIDOWE	D X DIVORCED 1	December 26,	19/1 9			
IOa. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if ratirad)	IND OF BUSINESS OR INDUSTRY			ign country) 12		WHAT COUNTRY
	tions	M	aryland			USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Nathaniel John Wils	on	Ann	Sophia Al	Lbaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT	Ĕ00	Magnölia	ATTONII	0
(Yas, no, or unkown) (Ifyasgivawarordetasofsarvice)	0-05-6083 Mr.	N. John Wil	son- Fra	Magnoria	i avellu iomilan	d
18. CAUSE OF DEATH [Enter only ona cause par l	ine for (a), (b), end (c).]		Tre	TOLICK'S I	INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cerebras	o the	a bosi			SET AND DEATH
IMMEDIATE CAUSE (a)	e sereous	1/2000	Lava	7	n	stut
331X DUE TO	Cerebral a	1 7.	,		,	
Conditions, if any, which (b)	corecrat a	renon	ewsis		14	glan
(e), steting the undarlying DUE TO						
cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON		T RELATED TO THE TERMI	NAL DISEASE CON	ADITION GIVEN IN	PART 1(a) 19	PERFORMED?
arteris :	Wenter !	Meant 1) escir	-	Y	ES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON CITATION CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING 200. DES OR CONTRIBUTING 2040SE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Entar nature of injury in	Part I or Part II of	item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Homa, fari		town)	(County)	(Stata)
20c. TIME OF INJURY Month, Day, Year 20d. While the control of the	THOI WILLIAM	ory, street, offica bldg., etc	1			
		0-1	106 A to 1	3-10	19 / / th	at (I) (wa) la
21. I certify that (I) (this hospital) atten	ded the deceased from	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	liOA (ال رغم. 17. و الم	ta stated about
	19.6./, and that	death occured atta	ZION, from fr	ie causes and	on me da	22b. DATE
22a. SIGNATURE	Stone M.	DUING TO		STAFF PHYS.	9/3	1/1961 SIGNE
22c. PHYSICIAN'S NAME (Type) T. E. Stone, M.	. D.	West Thi	ird Stree	t, Frede	rick, M	Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or	county)	(Stata)
Burial Sept.13,1961	St. John's Ce	metery	Freder	ick,	1	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRA	R 25b. REGISTR	AR'S SIGNAT	URE
M. R. Etchison & Son, Free			EP 1 3 '61		1 S. Har	
IN TO THOUTDOIL OF DOLL IT OF	TOT MOTOR STATE	DAIL				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death jet 4 may be retained by the hospital or attending physician.

TO FULKIAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

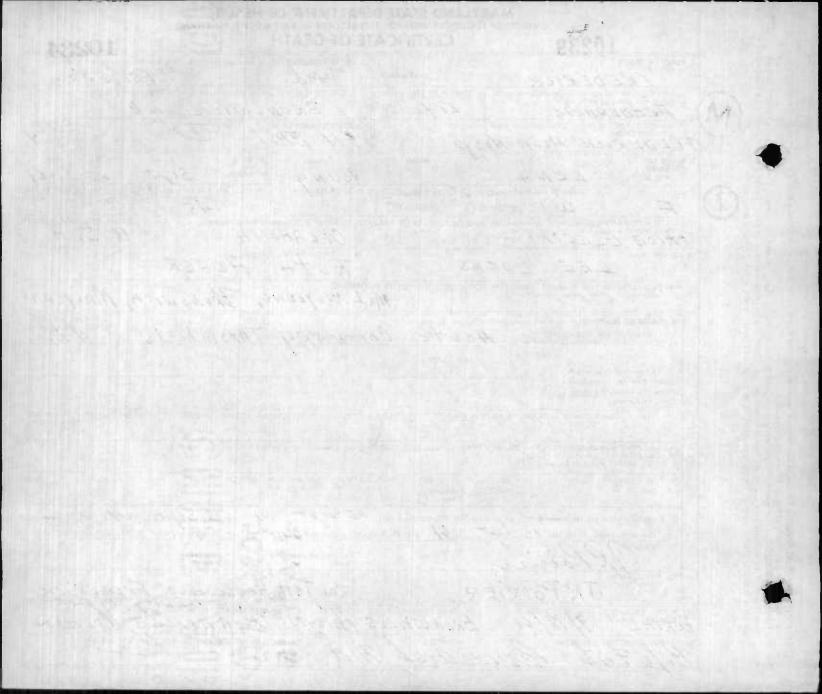
7 2 2 3 3 4 5 4 5 4 5 No. Challenge French Commission of the street of the desiration of Signal to the state of the stat Aleca Der 20, 1 71 87 and for british was also 220-3-2003 Ar. H. John Millaut- Imenerales, Saythan The second secon Later Hand Control of the Later States and the cost lained Street, Freestan, Marriano e e corr Artial all social social states at the last the last the last and transform a son, Productor, Norghand Series and American

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	DESEADOH	AND PECOPOS - R	ALTIMODE 1 MAI

DIVISIO CERTIFICATE OF DEATH 10239

	10239	CERTIFICAT	E OF DEATH	10234
	LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived	
٩	FREDERICK	MARYLAND	o. STATE Md.	COUNTY FREDERICK
t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	
	BEENSRUCIC	Life	35 BRUNSWICK	2 MB
F	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION EDERICK MEM, HE	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF First DECEASED Type or print) LENA	Middle	Vouvey 4. DATE OF DEATH	Sept 15 1961
5. 5	EX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	DATE OF BIRTY 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	F W WIDOW	ED DIVORCED	1916 4	Syrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done duping most of working life, eyen (retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) OKLAHOMA	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME LEE LUC	·/4.5°	14. MOTHER'S MAIDEN NAME ALG	ER
15. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, INF	CHANT L. W. YOUNG, BRV.	NSWICH, MARYLAW
	1B. CAUSE OF DEATH Enter only one couse per li	ine for (a) (b) and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ronary Throm	bosis ONSET AND DEATH
	IMMEDIATE CAUSE (0)	70070 00	IONALY IMPOIN	20313 4 200.
	1/011			
	Conditions, if any, which gove rise to immediate (b)			
	couse (o), stoting the under-			
NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CATION				YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of	item 18.)
CAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. I		CE OF INJURY (Home, farm, 20f. (City or to	vn) (County) (State
MEDI	Hour o. m. While of wor	1401 While	ory, street, office bldg., etc.)	
~	21. I certify that (I) (this hospital) attend		15 Sept 196/ 10 15	Selet 196/, that (1) (we) las
	saw the deceased alive an 15 lef	196/, and that de	eath accurred 61,45PM, from the	causes and an the date stated above
	220. SIGNATURE	N.	ATTENDING MED. ST.	22b. DATE SIGNEI YS.
	22c. PHYSICIAN'S NAME (Type) TR PRIPE	. D	22d. ADDRESS	Que, FREDERICK
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		City, town, or county) (State)
D		ADDRESS A	A Division of	25b. REGISTRAR'S SIGNATURE
24.	FUNDRAL DIRECTOR'S SIGNATURE	MUNICIS I	250. REC'D BY REGISTRAR DATEP 2 1 '61	Cathar S. Thank



funeral by the þ after Pages filled i comp event within and physician remove 7 please death .⊑ ding the ig physician, signed by th burial-transit attending been has the ò certificate as use Po detached After 1 may be refaine DIRECTOR: Pe page ector, FUN à di OF VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before a. COUNTY b. COUNTY Frederick Frederick MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL end give neerast town Frederick Frederick.Route #2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Evergreen Point, Route #2, Frederick, Md. YES NO Evergreen Point, Frederick 4. DATE Day Yaer DECEASED OF (Typa or print) 28 DEATH 61. Sept. 19 Bertha Blank Winpigler 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) Months Days Hours Female White WIDOWED DIVORCED September 23,1899 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Frederick County Housewife 14. MOTHER'S MAIDEN NAME Blank Rosa May Whipp 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Alden A.Flook, 106 Catoctin Ave, Frederick, Md. 18. CAUSE OF DEATH lEnter only one causa persone for (e), (b), end (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immadieta cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

10e. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired) Housewife 13. FATHER'S NAME William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror detes of service) CERTIFICATION NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work p.m 21. I certify that (I) (this hospital) attended the deceased from . that (I) (we) last saw the deceased alive on... 22b. DATE 22a. SIGNATUR ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jefferson, Maryland. A.Talbott Brice.M.D. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) Burial Middletown, Maryland.
25a. REC'D BY REGISTRAR'S SIGNATURE 10/1 Lutheran 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS anthur S. Kraus DATEOCT 2 '61 M.R. Etchison & Son, Frederick, Maryland.

The state of the Production to report Spire out toing to the contract of the contrac dinielers Sant Sant minimas sin Leen a. look_ to Coppering western and Landian Caronary (Coll was Shall Harman Russey Dilings & Michaeler 252522665 11314 verierson, rylana. A. Carbote Todge, w. 1. Mandeton, Maryland. ALL STORY . R. Pooling & Dan, Fredr. Los, Maryland.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10240

10225

1. PLACE OF DEATH o. COUNTY Fre	derick		MARYLANI	II o STAT			b. COUNTY	on: Residence Frede		রীতার)
b. CITY OR TOWN (I RURAL ond give no Frederic		ts, write c	LENGTH OF STAY IN 11	14	or town (If		ote limits, write R	URAL ond give	nearest tow	m)
OR INSTITUTION	AL (If not in hospitol, gerson Stree		dress)		et address Jeffers	on Str	eet		ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mor		Day	Yeor
(Type or print)	MARGAI	RET	REBECCA	ZIMM	ERMAN	DEATH	Septem		30	1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	Sept.	BIRTH 3. 1869		9. AGE (In years lost birthdoy) 92 yrs.	Months Do		Min.
Female 10g. USUAL OCCUPATION			ND OF BUSINESS OR IN					12 CITIZEN	OF WHAT	COLINTRY
during most of worl	king life, even if retired)					//			200,411.
Housewi f	e		House-work		Marylar				JSA	
13. FATHER'S NAME				I4. MOIF	ER'S MAIDEN					
	n Shuff				Rebeco	a Russi	nan			
5. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		CIAL SECURITY NO. 17	. INFORMANT			Add	ress		
No			M	r. Char	les E.	Zimmer	nan (Sa	me as i	tem #	2)
18. CAUSE OF DEA	ATH [Enter only one co	use per line		11	~	. 0			INTERVAL B	
PART 1. DEA	TH WAS CAUSED BY:	Con	no Island	Hear	t ta	ilune	are	to	1-2	ho.
470	DUE TO	,	X.	1			1			
Cardition		12.	70-	lo f	- /	100.7	-1		pm .	-
Conditions, if o	m mediate (100				ferm	para	suze	5 3	1-1
couse (o), stating)							V	
lying couse lost.) (c)								
PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM	AINAL DISEASE	CONDITION GIV	'EN IN PART 1(o) 19. WAS	AUTOPSY ORMED?
NOTE PART II. OTH									YES [NO
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCUP	RRED. (Enter not	ure of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. INJU While of work [Not while	PLACE OF INJU			or town)	(Cou	nty)	(Stote
21. I certify the	it (I) (this hospital) attended	d the deceased from	n Feb-	10 19	96/10	lep-30	196/	that (1)	(we) las
	sed alive an	m 25	1961, and tha							
220. SIGNATURE		1	The same and	T dediti disco	1100 0-522	2,47, 410111 1	ne caoses ar	u un me u		b. DATE
He	non V.	(h	are_	M.D. ATTEN	DING D	MED.	STAFF PHYS.		9/3	SIGNED
22c. PHYSICIAN'S NAME (Type)	Henry	V. (hase	22d. A	= Chi	urch	St f	redes	rick	- Me
230. BURIAL, CREMATIC	N, 23b. DATE THEREC	OF :	23c. NAME OF CEMETERY	OR CREMATO	RY	23d. LOCATI	ON (City, town,	or county)	(Sto	ite)
REMOVAL (Specify) Burial	10-3-19	61	Mount Olivet	Cemete	rv	Fred	erick	Mary	vland	
24. FUNERAL DIRECTOR			ADDRESS			D BY REGISTE		STRAR'S SIGN		
M. R. Etch	ison and S	on. Fr	ederick. Mar	vland	DOCT	2 '61	arth	7 S. Krau	14	

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		profite à		THE PERSON			
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	* 5000	10 m	no? detalle anog	.DART-E-11			
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